



1998 DATA COMPENDIUM

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HEALTH CARE FINANCING ADMINISTRATION

**U.S. Department of Health and
Human Services**

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The Health Care Financing Administration (HCFA) is responsible for the Medicare program and Federal participation in State-operated Medicaid plans. HCFA's mission is to finance "...the timely and economic delivery of appropriate health care to eligible beneficiaries." Medicare and Medicaid payments and program policies have significant and far-reaching effects on beneficiaries, providers, and payers. Understanding these effects and their causes is essential to the planning and implementation of changes to the health care delivery system.

The Data Compendium contains historic, current and projected data on Medicare enrollment and Medicaid recipients, expenditures and utilization. Data pertaining to budget, administrative/operating costs, individual income, financing, and health care providers/suppliers are also included. National data not specific to the Medicare or Medicaid programs may be found throughout the publication.

This compendium has been prepared for several years for HCFA's Leadership as a reference document and as a supplement to briefing materials for legislative initiatives. It was compiled by the Systems, Technical and Analytic Resources Group, Office of Strategic Planning with major contributions from the various Offices in HCFA. Data supplied by professional organizations and other Federal agencies are gratefully acknowledged.

Symbols in Tables:

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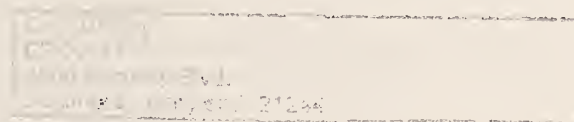
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Health Care Financing Administration

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COMPENDIUM



**U.S. Department of Health and Human Services
Health Care Financing Administration
Office of Strategic Planning
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August 1998**

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I. BUDGET OVERVIEW

Information about the Federal, DHHS and HCFA budgets.

HIGHLIGHTS

- o Medicare benefit payments are expected to increase by 3.5 percent from 1997 to 1998 and by 6.6 percent from 1998 to 1999.*
- o Federal and State Medicaid medical assistance payments are expected to increase by 5.5 percent from 1997 to 1998 and by 6.5 percent from 1998 to 1999.*
- o Program benefit payments for Medicare and Medicaid combined are expected to increase by 4.3 percent from 1997 to 1998 and by 6.6 percent from 1998 to 1999.*

HCFA Disbursements
Fiscal Years 1997 - 1999

	1997	1998	1999	
	Actual	Current Law	Current Law	Proposed Law
Amount in millions				
HCFA Budget Outlays				
Medicare Benefit Payments	\$207,125	\$214,273	\$228,483	\$228,531
Medicaid Medical Assistance Payments ¹	91,248	95,750	102,277	102,407
State and Local Administration/Training	4,304	5,209	5,640	5,300
HCFA Program Management	1,658	1,773	1,737	2,222
CLIA User Fees	27	43	43	43
Medicare + Choice User Fees		95	150	150
Peer Review Organizations	183	267	279	279
Medicare Part B Transfer to Medicaid ²		200	250	250
Health Care Fraud and Abuse Control ³	506	733	764	1,159
Other Medicare Administrative Expenses ⁴	971	1,030	1,019	1,019
HMO Loan/Loan Guarantee Fund	1			
State Children's Health Insurance Fund		379	1,834	1,868
Total (unadjusted)	\$306,023	\$319,752	\$342,476	\$343,228
Offsetting Proprietary Receipts ⁵	-20,420	-20,556	-22,075	-22,115
Offsetting Collections from User Fees	-34	-140	-195	-855
HMO Loan Fund Collections	-2	-2	-2	-2
Total Net of Offsetting Collections and Proprietary Receipts	\$285,567	\$299,054	\$320,204	\$320,256

¹ Includes outlays for the Vaccines for Children program.

² Medicare transfer to Medicaid for Medicare Part B premium assistance.

³ Reflects outlays by HCFA and other agencies.

⁴ Medicare-related expenses of other agencies, e.g., Social Security Administration.

⁵ Medicare premiums.

NOTES: Fiscal year data. Totals do not necessarily equal the sum of rounded components.

SOURCE: Budget of the U.S. Government, FY 1999; HCFA/OFM/BAG

August 1998

Program Benefit Payments Selected Fiscal Years

Fiscal Year	Total		Medicare ¹		Medicaid ²	
	Amount	Annual Percent Change	Amount	Annual Percent Change	Amount	Annual Percent Change
Amount in billions						
Historical						
1980	\$57.9	--	\$33.9	--	\$24.0	--
1985	108.8	12.6	69.5	14.1	39.3	10.4
1990	175.9	15.6	107.2	13.8	68.7	18.4
1991	204.4	16.2	113.9	6.3	90.5	31.7
1992	245.1	19.9	129.2	13.4	115.9	28.1
1993	268.7	9.6	142.9	10.6	125.8	8.5
1994	296.9	10.5	159.3	11.5	137.6	9.4
1995	328.9	10.8	176.9	11.0	152.0	10.5
1996	344.3	4.7	191.1	8.0	153.2	0.8
1997	368.4	7.0	207.1	8.4	161.3	5.3
Budget						
Current law						
1998	384.4	4.3	214.3	3.5	170.1	5.5
1999	409.6	6.6	228.5	6.6	181.1	6.5

¹ Includes catastrophic benefits for HI in FY 1990. Does not include PRO expenditures.

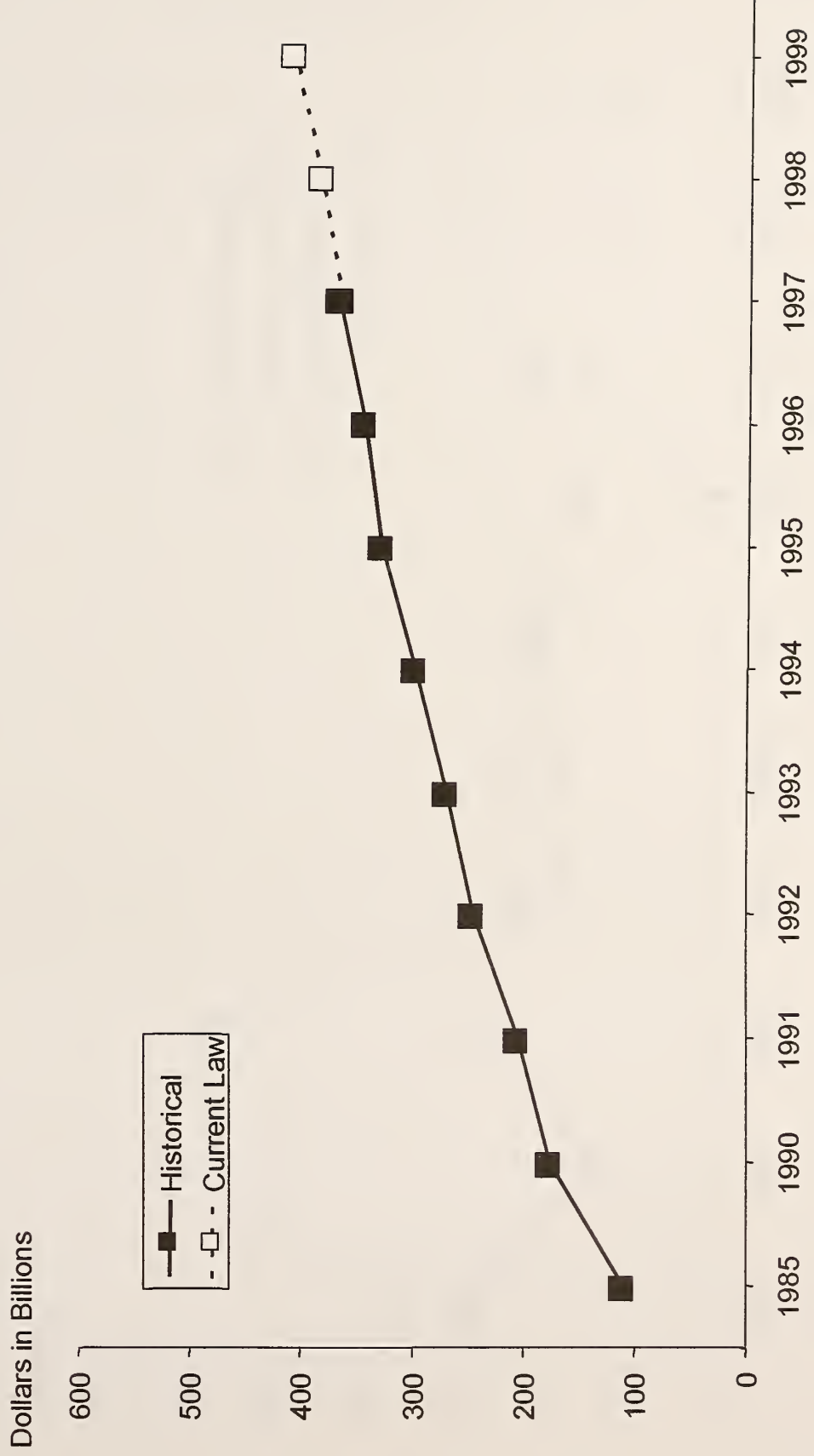
² Federal and State combined. Historical data for FYs 1980-1994 reflect total computable medical assistance payments reported by the States on line 11 of the HCFA-64 and predecessor forms. Historical data for FY 1995-1996 include total computable medical assistance payments reported on line 11 of the HCFA-64 and expenditures for the Vaccines for Children's program. Budget data for FYs 1997-1998 reflect current law estimates of total computable medical assistance payments and expenditures for the Vaccines for Children's program.

NOTE: Percent change based on rounded numbers.

SOURCES: HCFA/OACT/MB/OFHR for historical data and OFHR for budget data.

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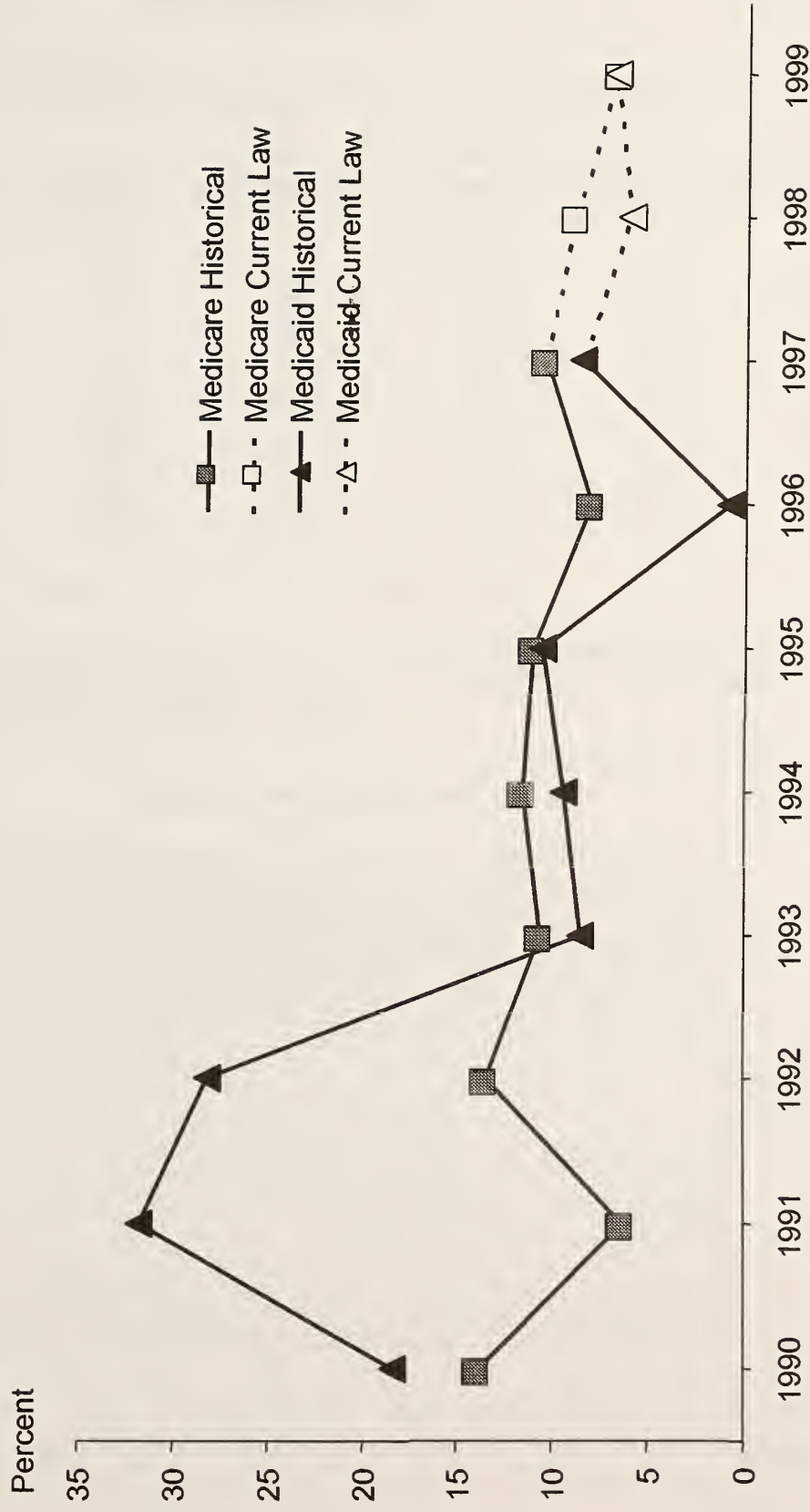
Trends in Program Benefit Payments Fiscal Years



SOURCE: HCFA/OFM/OACT

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Percent Change in Program Benefit Payments Fiscal Years



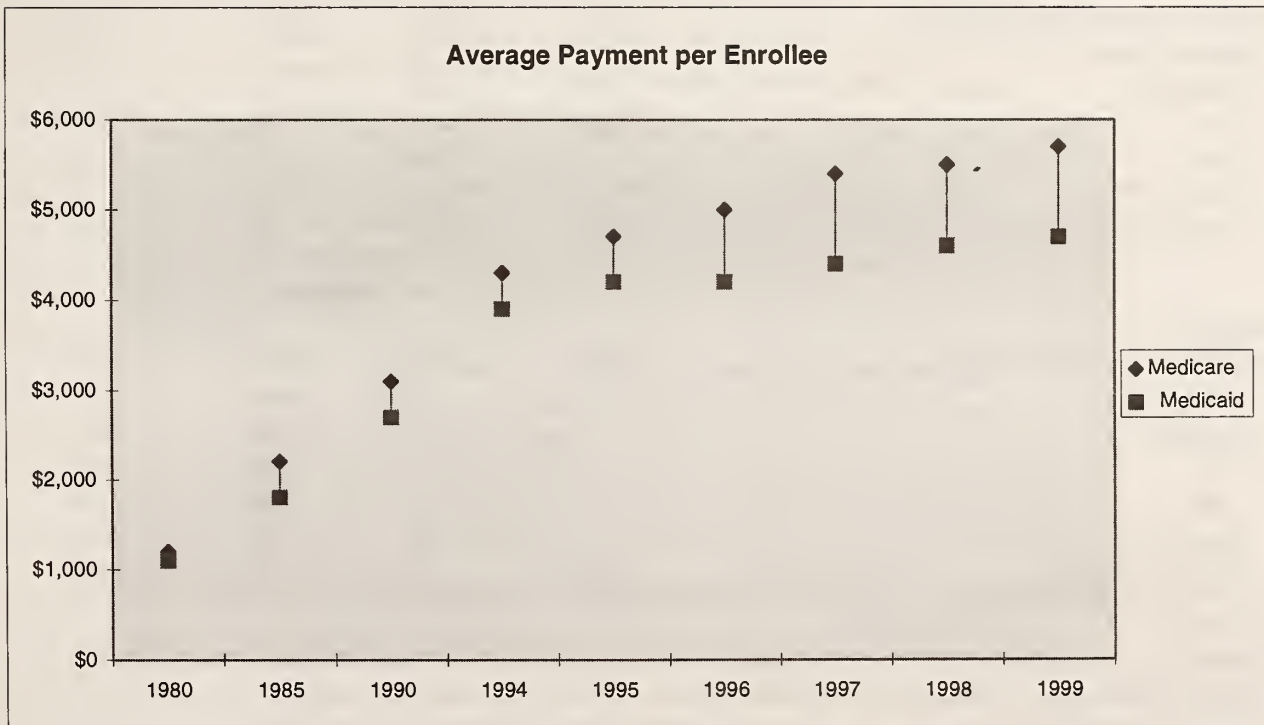
Program Benefit Payments Per Enrollee Selected Fiscal Years

Fiscal Year	Medicare			Medicaid ¹		
	Benefit Payment (In Billions)	Enrollees (In Millions)	Average Per Enrollee	Benefit Payment (In Billions)	Recipients (In Millions)	Average Per Recipient
1980	\$33.9	28.3	\$1,200	\$24.0	21.6	\$1,100
1985	\$69.6	31.0	2,200	39.3	21.8	1,800
1990	107.4	34.1	3,100	68.7	25.3	2,700
1994	159.5	36.8	4,300	137.6	35.1	3,900
1995	177.1	37.4	4,700	152.0	36.3	4,200
1996	191.3	38.0	5,000	152.9	36.1	4,200
1997 ²	207.3	38.6 ²	5,400	159.1 ²	36.2 ²	4,400
1998 ²	215.1	39.1	5,500	167.7	36.7	4,600
1999 ²	225.0	39.5	5,700	177.3	37.5	4,700

¹Medicaid data and estimates exclude Children's Health Insurance Program.

²Estimated.

NOTES: Current law only. Consistent with data and estimates included in the President's fiscal year 1999 budget. Medicare benefit payments reflect gross outlays, i.e., not net of offsetting receipts. Medicaid benefit payments reflect both Federal and State expenditures.



SOURCES: HCFA/OACT

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Benefit Outlays by Program Selected Fiscal Years

	1967	1968	1997	1998 ¹
Amounts in billions				
Annually				
HCFA Program Benefit Outlays	\$5.1	\$8.4	\$368	\$384
Federal Outlays	NA	6.7	298	310
Medicare	3.2	5.1	207	214
HI	2.5	3.7	136	131
SMI	0.7	1.4	71	83
Medicaid ^{2,3}	1.9	3.3	161	170
Federal Share	NA	1.6	91	96
In millions				
Monthly				
HCFA Program Benefit Outlays	\$423	\$702	\$31	\$32
Federal Outlays	NA	561	25	26
Medicare	264	427	17	18
HI	209	311	11	11
SMI	55	116	6	7
Medicaid ^{2,3}	158	275	13	14
Federal Share	NA	133	8	8
In thousands				
Hourly				
HCFA Program Benefit Outlays	\$579	\$962	\$42	\$44
Federal Outlays	NA	768	34	35
Medicare	362	585	24	24
HI	286	426	16	15
SMI	76	159	8	9
Medicaid ^{2,3}	217	377	18	19
Federal Share	NA	183	10	11
In thousands				
Minutely				
HCFA Program Benefit Outlays	\$10	\$16	\$701	\$731
Federal Outlays	NA	13	568	590
Medicare	6	10	394	408
HI	5	7	259	250
SMI	1	3	135	158
Medicaid ^{2,3}	4	6	307	323
Federal Share	NA	3	174	183

¹ Estimated

² These amounts reflect both Federal and State Medicaid benefit outlays. State Medicaid administrative costs are excluded. Expenditures for the Vaccine for Children's program are included.

³ Excludes Children's Health Insurance Program, with outlays of \$379 million in FY 1998.

NOTES: Fiscal year data. Totals may not equal the sum of rounded components.

SOURCE: HCFA/OFM

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II. EXPENDITURES

Information about proposed, current and past spending for health care by Medicare, Medicaid, HCFA, the Department and the nation as a whole.

Health care spending is shown for HCFA programs and national aggregates over time. Data are shown by type of service, source of funds and broad beneficiary eligibility categories.

HIGHLIGHTS

- o A significant shift in Medicare spending from fee-for-service (FFS) is expected in 1998 and 1999, with managed care's share of total benefit payments increasing from 12.1 percent in 1997 to 14.9 percent in 1998 and to 18.6 percent in 1999.*
- o Medicare FFS benefit payments for inpatient hospital care are projected to decrease 2.2 percent from fiscal year 1997 to 1998. During the same period of time, FFS physician and supplier payments under Medicare are expected to increase 0.6 percent.*
- o Spending for FFS inpatient hospital services as a share of total Medicare spending decreased from 64.9 percent in 1983 to a projected 40.6 percent in 1998, while physician expenditures remained nearly constant as a percent of spending.*
- o Home Health Agency FFS spending is projected to stay just over 17 billion dollars in 1997 through 1999. However, the financing is expected to shift from Part A in 1997 to predominantly Part B in 1999.*
- o Total Medicaid vendor payments increased by 73 percent from 1985-1990 and by another 88 percent from 1990-1996 to reach 121.7 billion dollars in 1996.*

National health expenditure tables and graphs in this section have been updated extensively this year.

Medical care price indexes continue to increase at a faster rate than the "All Item" Consumer Price Index.

- o In recent years, changes in the CPI for all items have lagged considerably behind outpatient and physician services.*
- o In 1997, the CPI for all items increased by 2.7 percent, compared to 2.8 percent for the previous year. The percent increases for outpatient and physician services in 1997 were 4.6 and 3.1, respectively; compared to 5.2 and 3.9 in 1996.*
- o Public funding for NHE has grown significantly from 25.0 percent in 1965 to 46.7 percent in 1996.*
- o Likewise, private funding for NHE declined from 75.0 percent in 1965 to 53.3 percent in 1996.*

HCFA Benefit Payments by Major Program Service Categories **Fiscal Year 1996**

Type of Service	Total Program Payments		Medicare ¹		Medicaid ²	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
Amount in millions						
Total	\$308,043	100.0	\$191,266	100.0	\$116,777	100.0
Inpatient Hospital	121,325	39.4	95,222 ³	49.8	26,103	22.4
Nursing Facilities	38,584	12.5	10,215	5.3	28,369 ⁷	24.3
Other Nursing Home	9,322	3.0	--	--	9,322	8.0
Home Health	27,494	8.9	16,911	8.8	10,583	9.1
Physician Services	55,296	18.0	48,610 ⁴	25.4	6,686	5.7
Outpatient	22,598	7.3	16,412 ⁵	8.6	6,186	5.3
Clinic	4,214	1.4	(⁵)	--	4,214	3.6
Prescribed Drugs	9,993	3.2	--	--	9,993	8.6
Other Care	19,214	6.2	3,896 ⁶	2.0	15,318 ⁸	13.1

¹ Estimated. Projections for fiscal years 1997-1999 are shown separately.

² Vendor payments (Federal and State) from the statistical reporting system; excludes premiums and capitation amounts.

³ Includes PRO expenditures and inpatient hospital (\$85,189 million), and Part A managed care (\$9,853 million).

⁴ Includes physicians, other practitioners, clinical laboratory services performed in a physician's office, durable medical equipment, ambulatory surgical center facility costs, Part B suppliers (total of \$40,966 million) and group prepayment plans (\$7,644 million).

⁵ Covered clinic services are included under outpatient.

⁶ Independently billing laboratory and hospice.

⁷ Nursing facilities include skilled nursing facilities and intermediate facility services for all other than the mentally retarded.

⁸ Includes dental (\$955 million), other practitioners (\$1,070 million), laboratory and radiological services (\$1,107 million), family planning services (\$470 million), early periodic screening (\$1,377 million), rural health services (\$303 million), and other care (\$10,036 million).

NOTES: Percent distribution based on rounded numbers. Total includes service "Unknown" data which are not reflected in this table. Totals do not necessarily equal the sum of rounded components.

SOURCES: HCFA/OIS/OACT

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Medicare Trust Fund Projections Fiscal Years 1997 - 1999

	1997	1998	1999
Amount in millions			
HI Total Disbursements ¹	\$137,884	\$141,150	\$145,053
HI Administrative Expenses	1,368	1,502	1,484
HI Benefit Payments	136,010	131,225	132,100
Aged	119,966	115,146	115,422
Disabled	16,044	16,079	16,678
HCFAC ²	506	733	764
HI Transfer to SMI for Home Health	--	7,690	10,705
SMI Total Disbursements ¹	72,553	77,124	87,434
SMI Administrative Expenses	1,439	1,566	1,506
SMI Benefit Payments	71,114	83,048	96,383
Aged	60,325	71,563	83,419
Disabled	10,789	11,485	12,964
SMI Transfer to Medicaid ³	--	200	250
HI Transfer to SMI for Home Health	--	(7,690)	-10,705

¹ Current law data. Totals do not necessarily equal the sum of rounded components.

² Health Care Fraud and Abuse Control.

³ SMI Transfer to Medicaid for Medicare Part B premium assistance.

NOTES: Administrative expenses for both HI and SMI include the sum of administrative costs, research, and PROs. Benefit estimates do not reflect proposed legislation.

SOURCE: HCFA/OFM/BAG

Medicare Benefit Payments by Type of Benefit Fiscal Years 1997 - 1999

	Benefit Payment ¹			Percent Distribution
	1997	1998	1999	1999
Amount in millions				
Total HI ²	\$136,010	\$131,225	\$132,100	100
Inpatient Hospital	88,959	87,032	85,918	65.0
Skilled Nursing Facility	12,321	14,172	14,173	10.7
Home Health Agency	17,589	9,938	6,060	4.6
Hospice	2,082	2,177	2,282	1.7
Managed Care	15,059	17,906	23,667	17.9
Total SMI ²	71,114	83,048	96,383	100.0
Physician/Other Suppliers	42,065	42,326	45,678	47.4
Outpatient	17,174	17,417	18,169	18.9
Home Health Agency	210	7,328	11,629	12.1
Group Practice Prepayment	9,911	14,041	18,870	19.6
Independent Laboratory	1,754	1,936	2,037	2.1

¹ Includes the effect of regulatory items and recent legislation but not proposed law.

² Excludes PRO expenditures.

NOTES: Benefits by type of service are estimated and are subject to change. Totals do not necessarily equal the sum of rounded components.

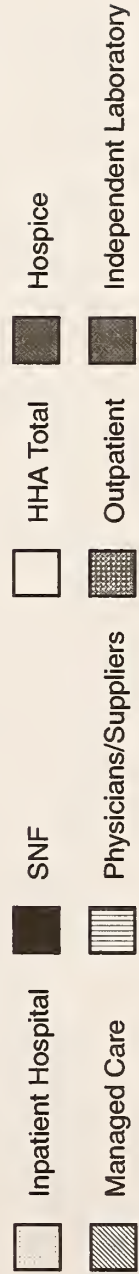
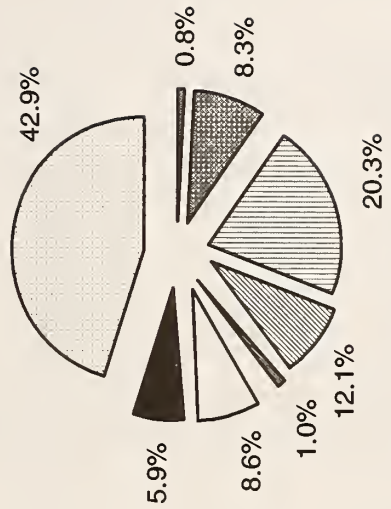
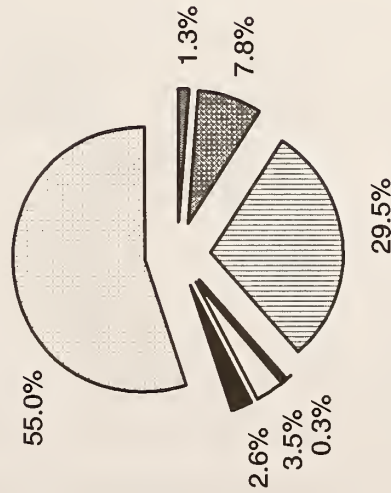
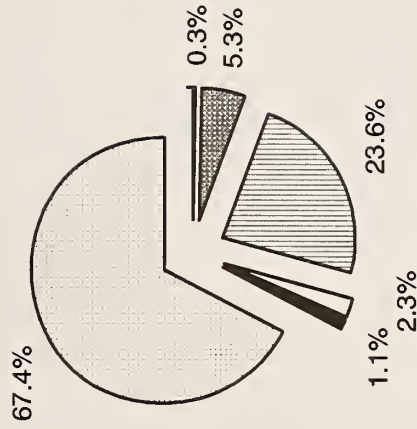
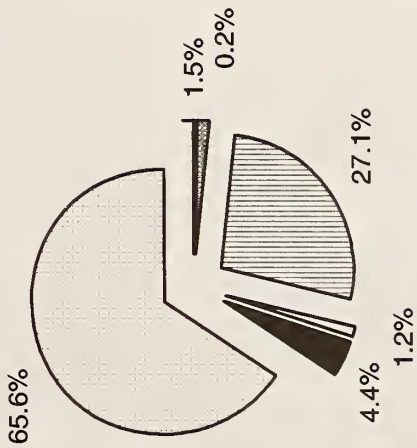
SOURCE: HCFA/OFM/BAG

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Medicare Benefit Payments by Type of Benefit

Selected Fiscal Years

Dollars in Millions



Medicaid Payments by Basis of Eligibility Selected Fiscal Years

	Vendor Payments				Percent Distribution
	1985	1990	1995	1996	1996
Amount in millions					
Total	\$37,508	\$64,859	\$120,141	\$121,685	100.0
Age 65 and over	14,096	21,508	36,527	36,947	30.4
Blind	249	434	848	869	0.7
Disabled	13,203	23,969	48,570	51,196	42.1
Dependent Children under Age 21	4,414	9,100	17,976	17,544	14.4
Adults in Families with Dependent Children	4,746	8,590	13,511	12,275	10.1
Other Title XIX	798	1,051	1,499	1,403	1.2

NOTES: Vendor payments exclude premiums and capitation amounts. Totals do not necessarily equal the sum of rounded components due to the inclusion of data for individuals with unconfirmed eligibility status at the time of payment.

SOURCE: HCFA/OIS

Medicaid Expenditures by Type of Service and Basis of Eligibility Fiscal Year 1996

	Total Vendor Payments	Inpatient Hospital Services	Long-Term Care Services ¹	Other Services
Percent Distribution				
All Groups	100.0	20.0	42.5	35.0
Age 65 and over	30.4	1.7	23.7	5.0
Blind and Disabled	42.8	9.4	17.8	15.6
Children under Age 21	14.8	4.8	1.0	8.4
AFDC-type Adults	10.1	4.1	0.1	5.9

¹ Includes services in mental facilities, all nursing facilities, and home health services.

NOTE: Totals do not equal the sum of rounded components due to the exclusions of other Title XIX and unknowns.

SOURCE: HCFA/CMSO

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**Medicaid Vendor Payments by Type of Service
Selected Fiscal Years**

	1985	1994	1995	1996	Percent Distribution 1996
	Amount in millions				
Total	\$37,508	\$108,270	\$120,141	\$121,685	100.0
Inpatient Services	10,645	28,237	28,842	27,216	22.4
General Hospitals	9,453	26,180	26,331	25,176	20.7
Mental Hospitals	1,192	2,057	2,511	2,040	1.7
Nursing Facilities	5,071	27,095 ¹	29,052	29,630	24.3
ICF Services	10,079	8,347 ¹	10,383	9,555	7.9
Mentally Retarded	4,731	8,347	10,383	9,555	7.9
All Other	6,516	0	0	0	0.0
Physician Services	2,346	7,189	7,360	7,238	5.9
Dental Services	458	969	1,019	1,028	0.8
Other Practitioner Services	251	1,040	986	1,094	0.9
Outpatient Hospital Services	1,789	6,342	6,627	6,504	5.3
Clinic Services	714	3,747	4,280	4,222	3.5
Laboratory & Radiological Services	337	1,176	1,180	1,208	1.0
Home Health Services	1,120	7,042	9,406	10,868	8.9
Prescribed Drugs	2,315	8,875	9,791	10,697	8.8
Family Planning Services	195	516	514	474	0.4
Early and Periodic Screening	85	980	1,169	1,399	1.1
Rural Health Clinics	7	188	215	302	0.2
Other Care	928	6,522	9,214	10,247	8.4

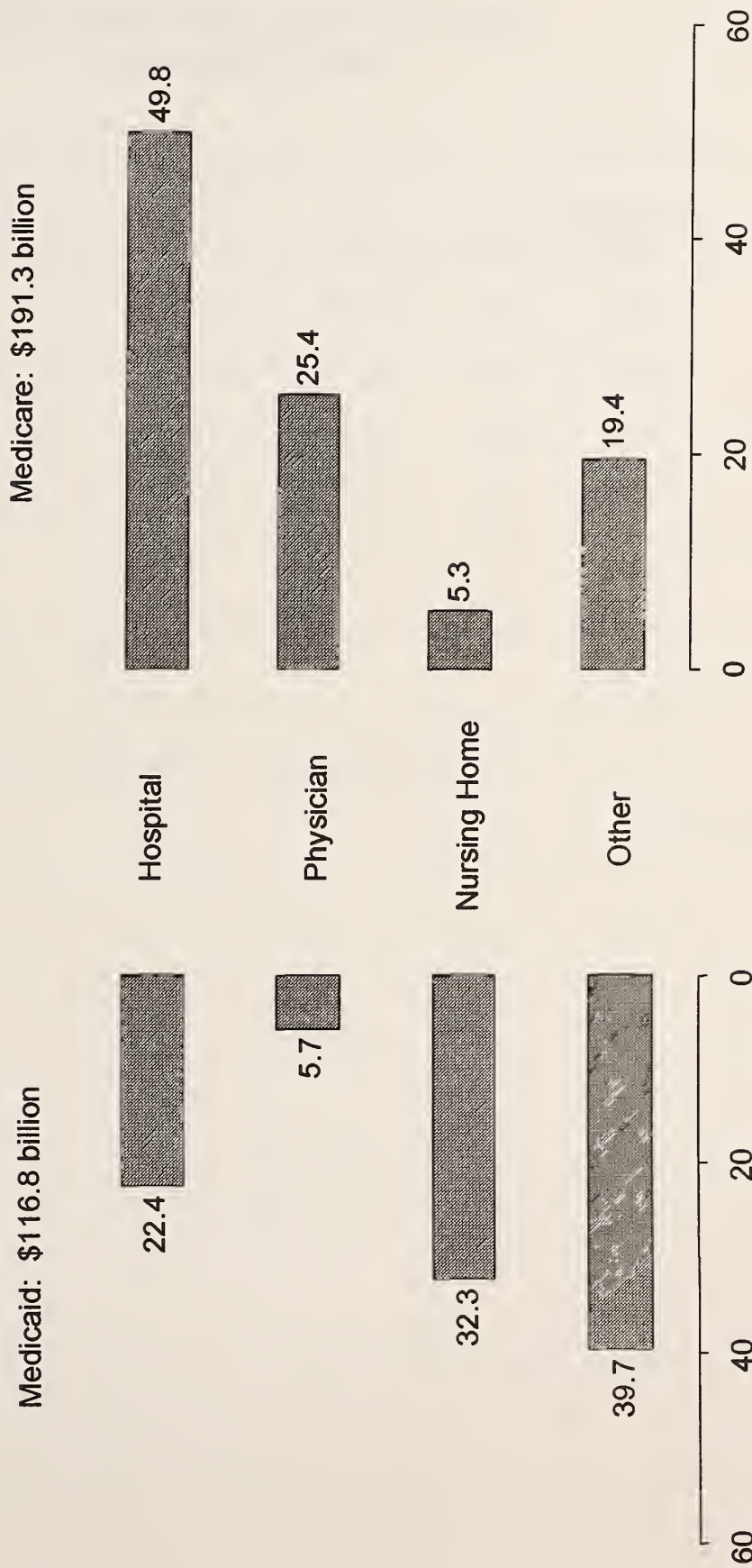
¹ Beginning in 1991, nursing facilities include skilled nursing facilities and intermediate care facility services for all other than the mentally retarded.

NOTES: Percent distribution based on rounded numbers. Vendor payments exclude premiums and capitation amounts. Total includes service "Unknown" data which are not reflected in this table.

SOURCE: HCFA/OIS

August 1998

Medicare and Medicaid Benefit Payments as a Percent of Total Benefit Payments by Type of Service Fiscal Year 1996



**National Health Care by Type of Expenditure
Calendar Year 1996**

	National Total in billions	Per Capita	Percent Paid		
			Total	Medicare	Medicaid
Total	\$1,035.1	\$3,759	33.9	19.6	14.3
Health Services and Supplies	1003.6	3,645	35.0	20.2	14.7
Personal Health Care	907.2	3,295	37.2	21.8	15.4
Hospital Care	358.5	1,302	47.7	33.0	14.7
Physicians' Services	202.1	734	28.5	21.1	7.5
Nursing Home Care	78.5	285	59.2	11.4	47.8
Other Personal Health Care	268.1	974	23.2	10.4	12.8
Other Services and Supplies	96.4	350	13.8	5.5	8.3
Research and Construction	31.5	114	--	--	--

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

August 1998

HCFA Benefit Payments by Major Personal Health Expenditure Service Categories **Calendar Year 1996**

Type of Service ¹	Total Program Payments		Medicare		Medicaid	
	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution
Total	\$337.5	100.0	\$197.8	100.0	\$139.7	100.0
Hospital Care	171.2	50.7	118.3	59.8	52.9	37.8
Physicians' Services	57.6	17.1	42.6	21.5	15.1	10.8
Dentists' Services	1.9	0.6	0.1	0.0	1.8	1.3
Other Professional Services ²	9.9	2.9	8.4	4.2	1.6	1.1
Home Health Care ³	17.7	5.3	13.6	6.9	4.1	3.0
Drugs and other Medical Nondurables	11.6	3.4	0.7	0.4	10.9	7.8
Vision Products and Other Medical Durables	5.3	1.6	5.3	2.7	--	--
Nursing Home Care ⁴	46.5	13.8	8.9	4.5	37.5	26.9
Other Personal Health Care	15.8	4.7	--	--	15.8	11.3

¹ Service categories used in this table are based on the National Health Accounts and differ from those used elsewhere to present program data. For example, expenditures for hospital based ICF-MR, hospital based nursing homes and hospital based home health services appear as hospital care rather than nursing home care or as home health services.

² Other professional services include private duty nurses, chiropractors, optometrists, and other licensed health professionals.

³ Includes non-facility based home health care and some Medicaid care delivered in homes.

⁴ Freestanding nursing facilities only.

NOTES: Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments was 63 percent in calendar year 1996

SOURCE: HCFA/OACT

August 1998

National Health Care Trends in Public versus Private Funding Selected Calendar Years

Calendar Year	GDP in billions	National Health Expenditures									
		Total		Private Funds				Public Funds			
		Amount in billions	Per Capita	Percent of GDP	Amount in billions	Per Capita	Percent of Total	Amount in billions	Per Capita	Amount in billions	Percent of Total
1965	\$719	\$41.1	\$202	5.7	\$30.9	\$151	75.0	\$10.3	\$50	\$10.3	25.0
1966	788	45.3	219	5.7	31.6	153	69.8	13.7	66	13.7	30.2
1967	834	51.0	245	6.1	32.0	153	62.7	19.0	91	19.0	37.3
1970	1,036	73.2	341	7.1	45.5	212	62.2	27.7	129	27.7	37.8
1975	1,631	130.7	582	8.0	75.7	337	57.9	55.0	245	55.0	42.1
1980	2,784	247.3	1,052	8.9	142.5	606	57.6	104.8	446	104.8	42.4
1981	3,116	286.9	1,208	9.2	165.7	698	57.8	121.2	510	121.2	42.2
1982	3,242	323.0	1,346	10.0	188.4	785	58.3	134.6	561	134.6	41.7
1983	3,515	355.3	1,466	10.1	207.7	857	58.5	147.5	609	147.5	41.5
1984	3,902	390.1	1,594	10.0	229.9	940	58.9	160.1	654	160.1	41.1
1985	4,181	428.7	1,735	10.3	254.5	1,030	59.4	174.2	705	174.2	40.6
1986	4,422	461.2	1,848	10.4	271.4	1,087	58.8	189.8	761	189.8	41.2
1987	4,692	500.5	1,986	10.7	293.3	1,164	58.6	207.2	822	207.2	41.4
1988	5,050	560.4	2,201	11.1	334.3	1,313	59.6	226.1	888	226.1	40.4
1989	5,439	623.5	2,423	11.5	371.4	1,444	59.6	252.1	980	252.1	40.4
1990	5,744	699.5	2,691	12.2	415.1	1,597	59.3	284.4	1,094	284.4	40.7
1991	5,917	766.8	2,920	13.0	445.2	1,695	58.1	321.7	1,225	321.7	41.9
1992	6,244	836.6	3,154	13.4	478.1	1,802	57.1	358.5	1,352	358.5	42.9
1993	6,558	895.1	3,341	13.6	506.2	1,889	56.5	389.0	1,452	389.0	43.5
1994	6,947	945.7	3,497	13.6	521.8	1,930	55.2	423.9	1,568	423.9	44.8
1995	7,265	991.4	3,633	13.6	536.2	1,965	54.1	455.2	1,668	455.2	45.9
1996	7,636	1035.1	3,759	13.6	552.0	2,005	53.3	483.1	1,754	483.1	46.7

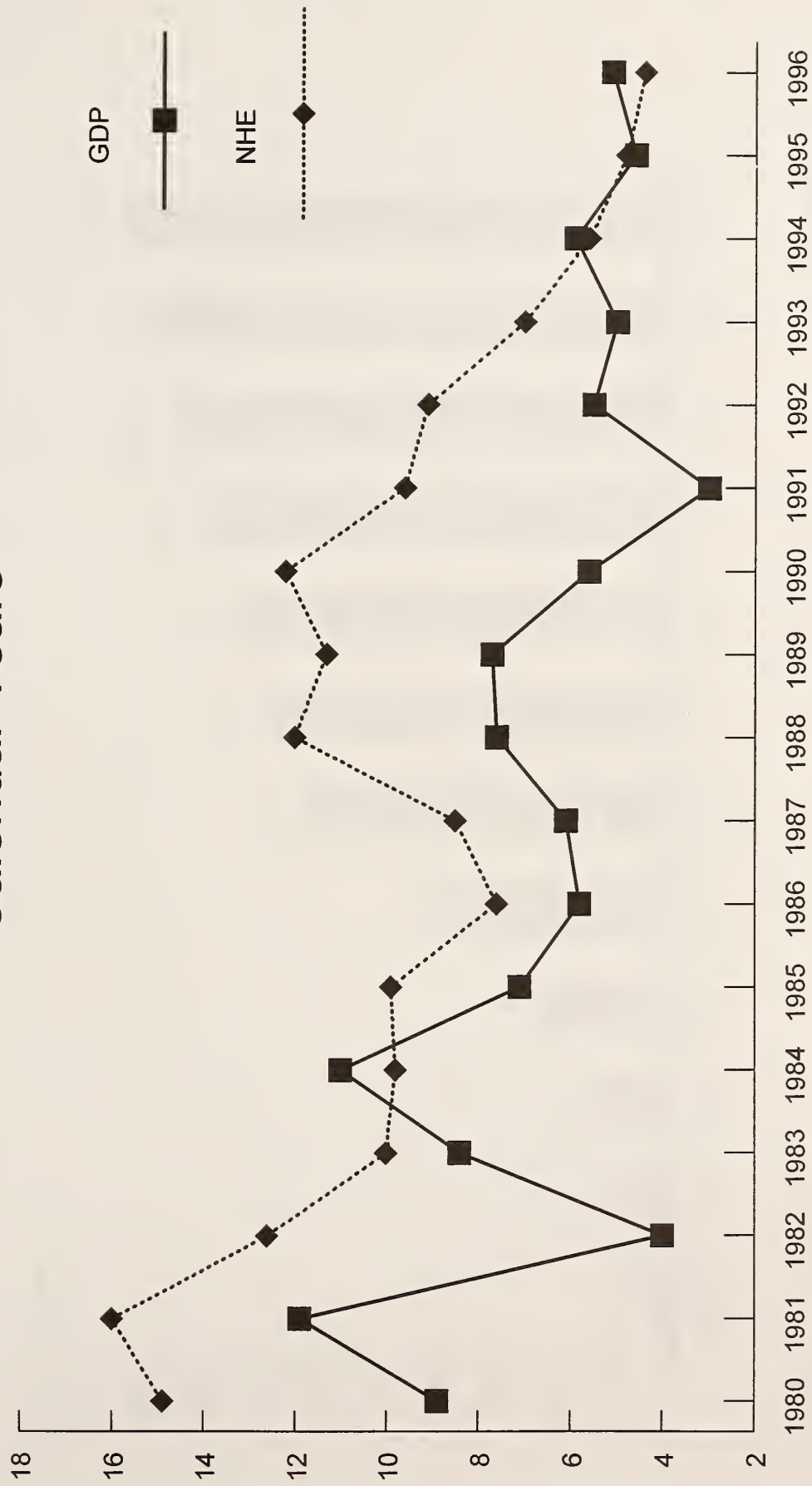
NOTE: These data reflect Bureau of Economic Analysis Gross Domestic Product as of January 1998, and the Social Security Administration's revisions to the population as of July 1997.

SOURCES: HCFA/OACT; SSA; and U.S. Department of Commerce, Bureau of Economic Analysis.

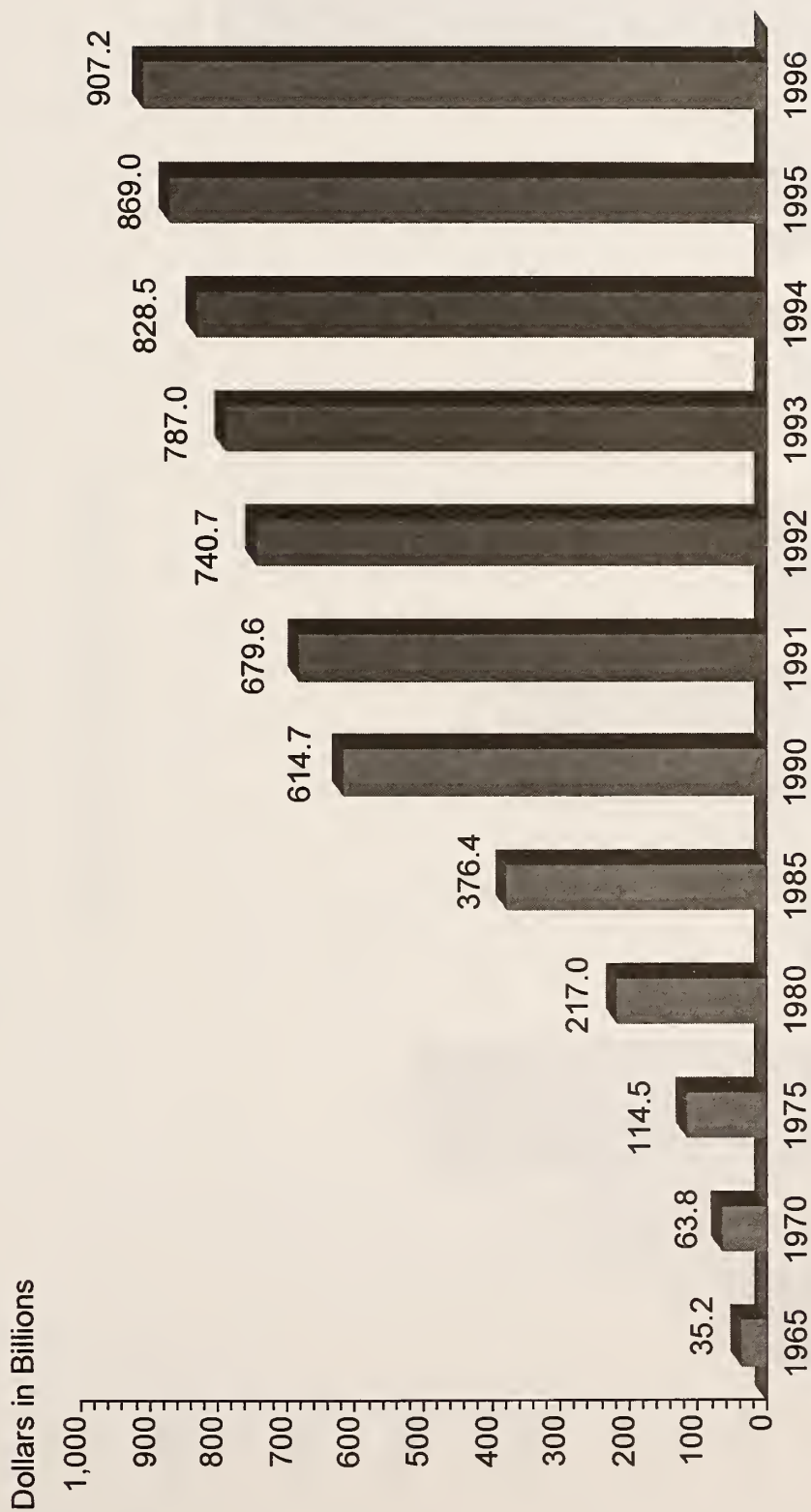
August 1998

Growth in Gross Domestic Product Versus Growth in National Health Expenditures

Calendar Years



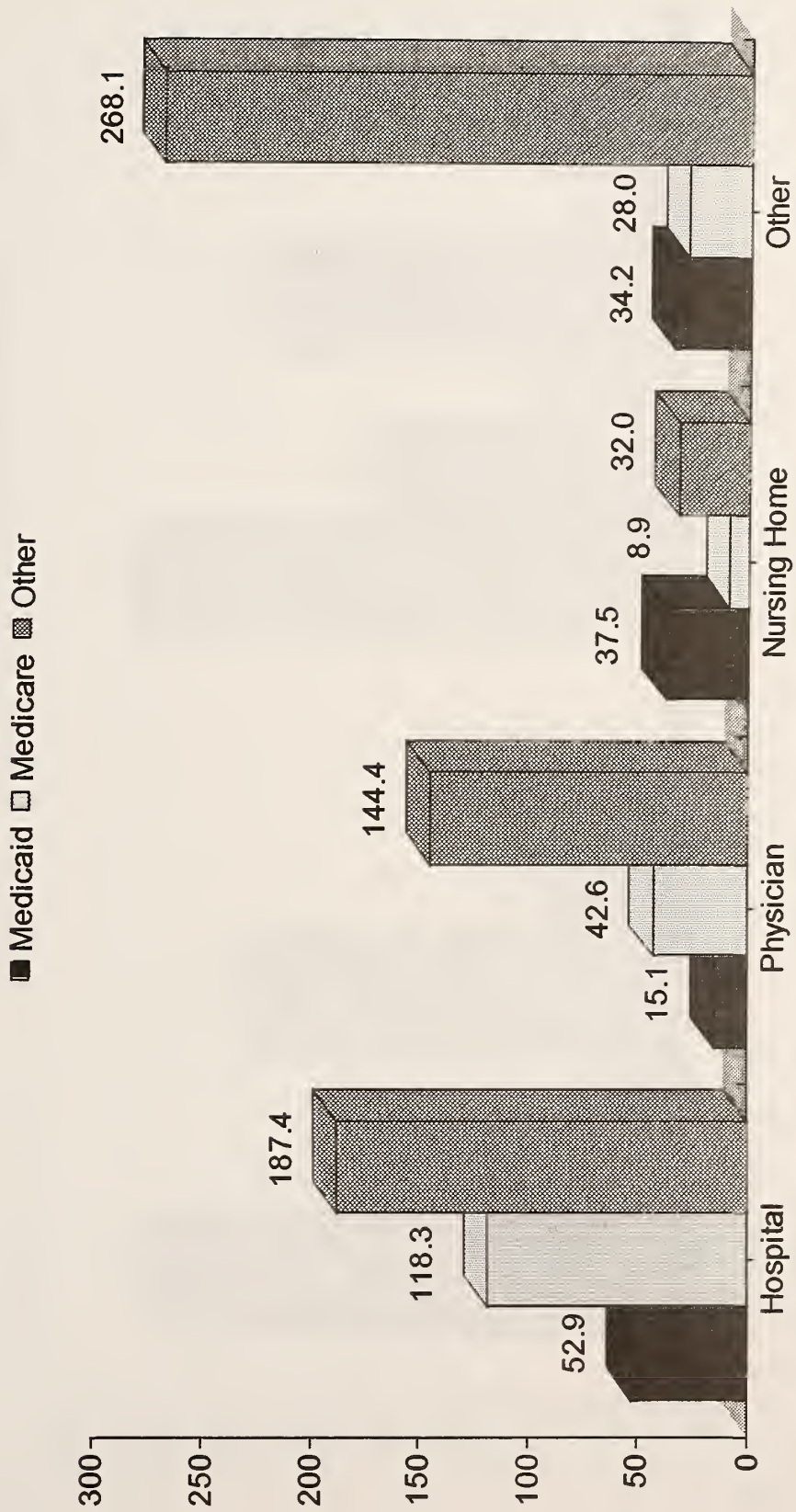
Personal Health Care Expenditures Selected Calendar Years



SOURCE: HCFA/OACT

August 1998

Medicaid, Medicare and Other Personal Health Care Expenditures, by Type of Service Calendar Year 1996

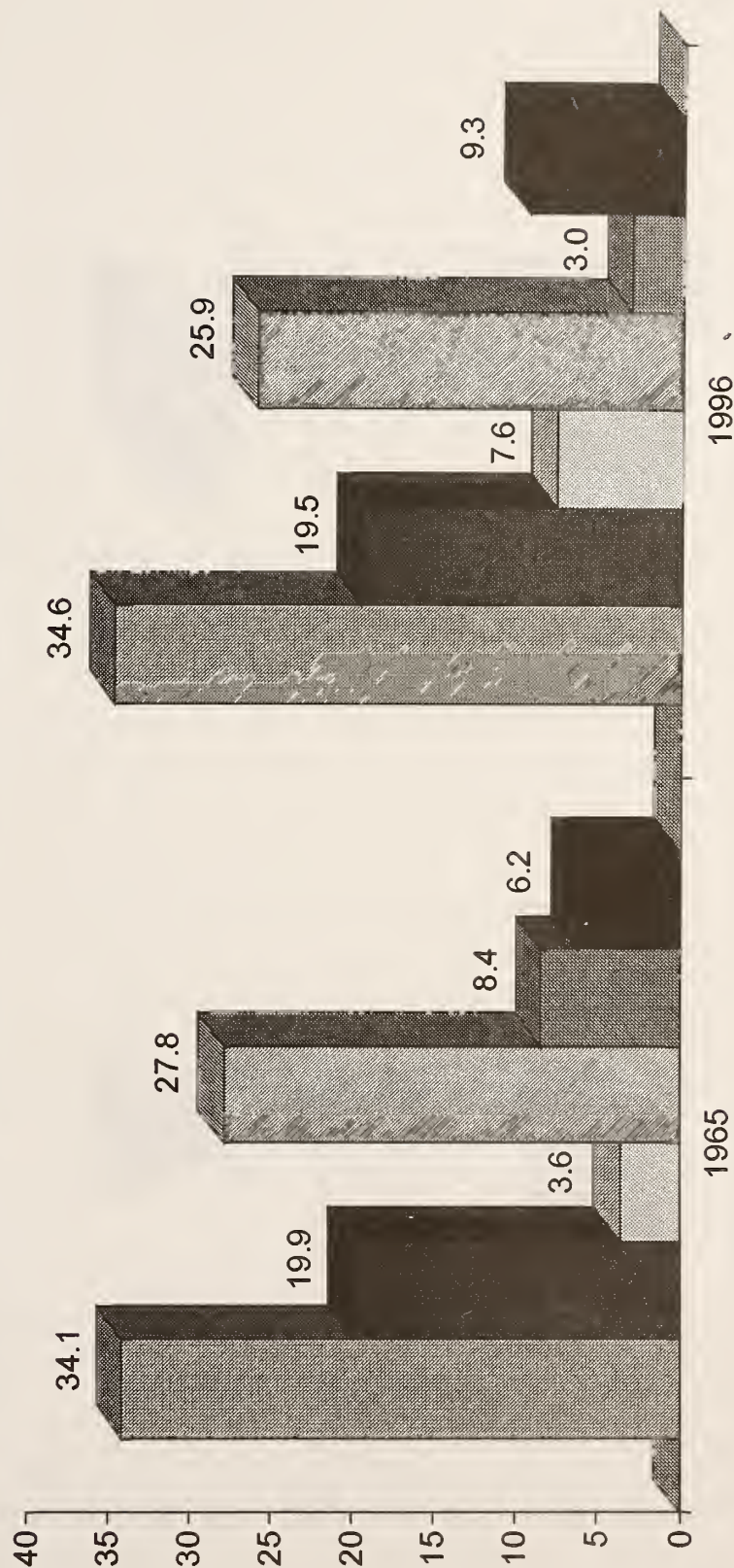


SOURCE: HCFA/OACT

August 1998

Percent of National Health Expenditures by Type of Service Calendar Year 1965 versus 1996

Hospital
 Physician
 Nursing Home
 Other Personal
 Research/Construction
 All Other

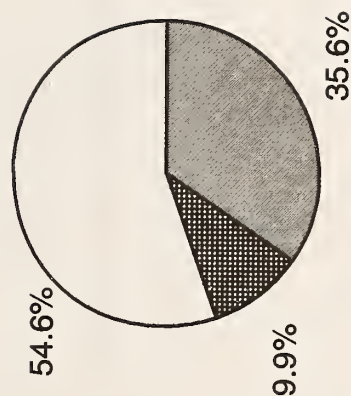
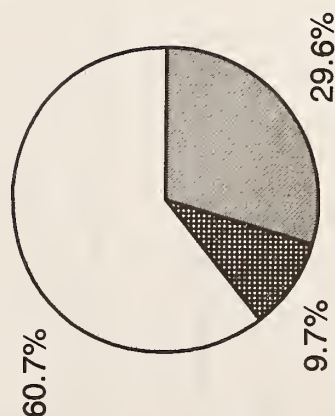
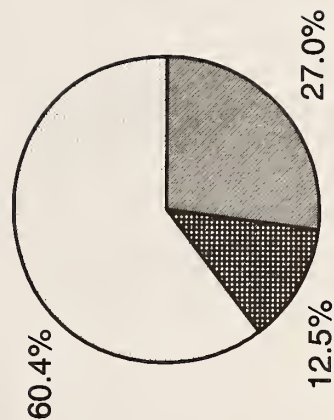
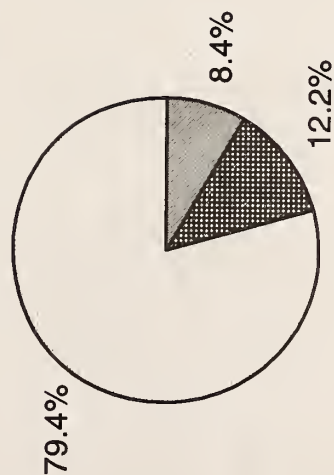


SOURCE: HCFA/OACT

August 1998

Per Capita Personal Health Care Expenditures by Selected Calendar Years

Private
 State & Local
 Federal



SOURCE: HCFA/OACT

August 1998

National Health Care Source of Funds ¹ **Selected Calendar Years**

	1965	1970	1975	1980	1985	1990	1993	1994	1995
Total in billions	\$41.1	\$73.2	\$130.7	\$247.2	\$428.2	\$697.5	\$892.1	\$937.1	\$988.5
	Percent Distribution								
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	75.0	62.2	57.9	57.6	59.3	59.2	56.7	55.2	53.8
Out-of-Pocket	45.1	34.0	29.1	24.4	23.5	21.3	19.2	18.8	18.5
Private Health Insurance	24.4	22.2	23.9	28.2	30.9	33.3	33.1	32.3	31.4
Other Private	5.6	5.9	4.8	5.0	4.9	4.6	4.3	4.1	3.9
Federal Government	11.7	24.3	27.8	29.1	28.8	28.1	31.1	32.2	33.2
Medicare	--	10.5	12.5	15.2	16.9	16.1	16.9	17.9	18.9
Federal Medicaid	--	3.9	5.7	5.9	5.3	6.1	8.6	8.7	8.8
Other Federal	11.7	9.9	9.6	8.1	6.6	5.9	5.6	5.6	5.5
State/Local Government	13.3	13.5	14.2	13.3	11.9	12.7	12.2	12.6	12.9
State Medicaid	--	3.4	4.6	4.7	4.3	4.7	4.8	5.2	5.5
Other State/Local	13.3	10.1	9.6	8.6	7.6	8.0	7.4	7.4	7.5

¹ Includes personal health care, expenses for prepayment and administration, government public health activities, and research and medical facilities construction.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

March 1997

Personal Health Care Payment Source ¹
Selected Calendar Years

	1965	1970	1975	1980	1985	1990	1994	1995	1996
Total in billions	\$35.2	\$63.8	\$114.5	\$217.0	\$376.4	\$614.7	\$828.5	\$869.0	\$907.2
	Percent Distribution								
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	79.4	64.7	60.4	59.9	60.8	60.6	56.2	55.3	54.6
Private Health Insurance	24.7	23.2	24.8	28.6	30.3	33.6	32.8	32.5	32.2
Out-of-Pocket	52.7	39.0	33.3	27.8	26.7	23.5	19.9	19.2	18.9
Other Private	2.0	2.6	2.4	3.6	3.7	3.5	3.5	3.6	3.5
Public Funds	20.6	35.3	39.6	40.1	39.2	39.4	43.8	44.7	45.4
Federal	8.4	23.0	27.0	29.2	29.5	28.9	33.6	34.7	35.6
State and Local	12.2	12.2	12.5	10.9	9.7	10.5	10.1	10.0	9.9

¹ Excludes administrative expenses, research, construction, and other types of spending that are not directed at patient care.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

August 1998

National Medical Care Price Indicators
(1982-1984=100)
Average Annual Index

Fiscal Year ¹	CPI			Medical Care									
	All items			All Services			Services						
							Hospital and Related Services						
							Other				Commodities		
	Total	Less Medical	Total	Total	Less Medical	Total	Total	Hospital Room ²	Inpatient Services	Outpatient Services	Physicians' Services	Total	Prescription Drugs
Year Ending June:													
1965	31.2	31.7	26.3	24.9	27.0	22.3	--	11.9 ³	--	--	24.6 ³	45.0	48.0
1970	37.8	38.1	33.7	32.9	34.2	31.2	--	22.2	--	--	33.2	45.8	47.1
1975	51.8	52.3	46.1	45.1	46.5	44.2	--	35.6	--	--	45.6	51.3	49.7
Year Ending September:													
1980	80.0	80.4	75.4	73.0	75.6	72.9	66.9	65.8	--	--	74.6	73.6	70.8
1985	106.6	106.3	108.6	111.7	108.3	111.4	114.7	114.1	--	--	111.5	113.3	117.6
1990	128.7	126.9	137.2	159.2	135.0	158.9	173.4	171.1	138.8	135.1	158.0	160.2	177.5
1991	135.2	132.9	144.7	173.6	141.9	173.7	191.9	188.0	154.6	149.9	168.2	173.5	195.1
1992	139.3	136.5	150.6	187.0	147.1	187.2	209.4	204.2	168.9	164.6	178.4	185.7	211.7
1993	143.5	140.3	156.4	198.7	152.3	200.0	227.7	222.2	182.3	180.8	188.9	193.4	221.2
1994	147.3	143.8	161.9	208.6	157.3	210.7	242.4	236.3	194.4	192.4	197.7	199.2	228.7
1995	151.4	147.6	167.2	218.3	162.2	221.7	254.9	248.3	204.6	202.2	206.6	203.6	233.9
1996	155.6	151.6	172.7	226.5	167.3	230.6	266.8	258.6	214.6	212.7	214.7	208.9	240.9
1997	159.8	155.6	178.1	233.1	172.6	237.5	276.4	⁴	⁴	222.5	221.4	214.3	248.1

¹ Revisions to scope, concept and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the goods or services priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

² Revised title. Years prior to January 1978 reflect semi-private room charges.

³ Data not reported for March 1965. Price indexes derived by averaging surrounding quarterly indexes.

⁴ New series begins in January 1997; fiscal year annual average cannot yet be calculated.

SOURCES: HCFA/OACT and U.S. Department of Labor, Bureau of Labor Statistics

August 1998

National Medical Care Price Indicators
(1982-1984=100)
Percent Change from Preceding Year ¹

Fiscal Year ²	CPI									
	All Items					All Services				
	Total	Less Medical	Total	Less Medical	Total	Total	Less Medical	Total	Total	Total
Medical Care										
Services										
Hospital and Related Services										
Other										
Hospital Room ³										
Inpatient Services										
Outpatient Services										
Physicians' Services										
Commodities										
Total										
Prescription Drugs										
Total										

Year Ending June:

1965	--	--	--	--	--	--	--	--	--	--
1970	5.9	5.8	7.6	7.6	6.4	7.4	--	--	7.4	1.5
1975	11.1	11.0	10.8	10.3	12.5	13.3	--	--	12.8	7.0

Year Ending September:

1980	13.6	13.7	15.1	15.5	10.7	11.1	12.5	--	10.2	8.7
1985	3.7	3.5	5.2	5.1	6.1	5.9	7.0	--	5.8	7.3
1990	5.0	4.8	5.3	5.0	8.8	8.9	11.1	10.9	7.1	8.3
1991	5.0	4.8	5.5	5.1	9.1	9.3	10.7	11.4	6.5	8.3
1992	3.0	2.7	4.1	3.7	7.7	7.8	9.1	9.2	6.1	7.0
1993	3.0	2.8	3.8	3.5	6.3	6.8	8.7	8.0	5.9	4.1
1994	2.6	2.5	3.5	3.3	4.9	5.4	6.5	6.6	4.7	3.0
1995	2.8	2.6	3.3	3.1	4.7	5.2	5.2	5.2	4.5	2.2
1996	2.8	2.7	3.3	3.1	3.8	4.0	4.7	4.9	3.9	2.6
1997	2.7	2.6	3.1	3.2	2.9	3.0	3.6	--	3.1	2.6

¹ Based on average of monthly figures for given years.

² Revisions to scope, concept, and methodology related to the CPI, beginning in January 1997, make comparisons with earlier periods tenuous, as the goods or services priced in 1997 may differ from that priced in 1996 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1998

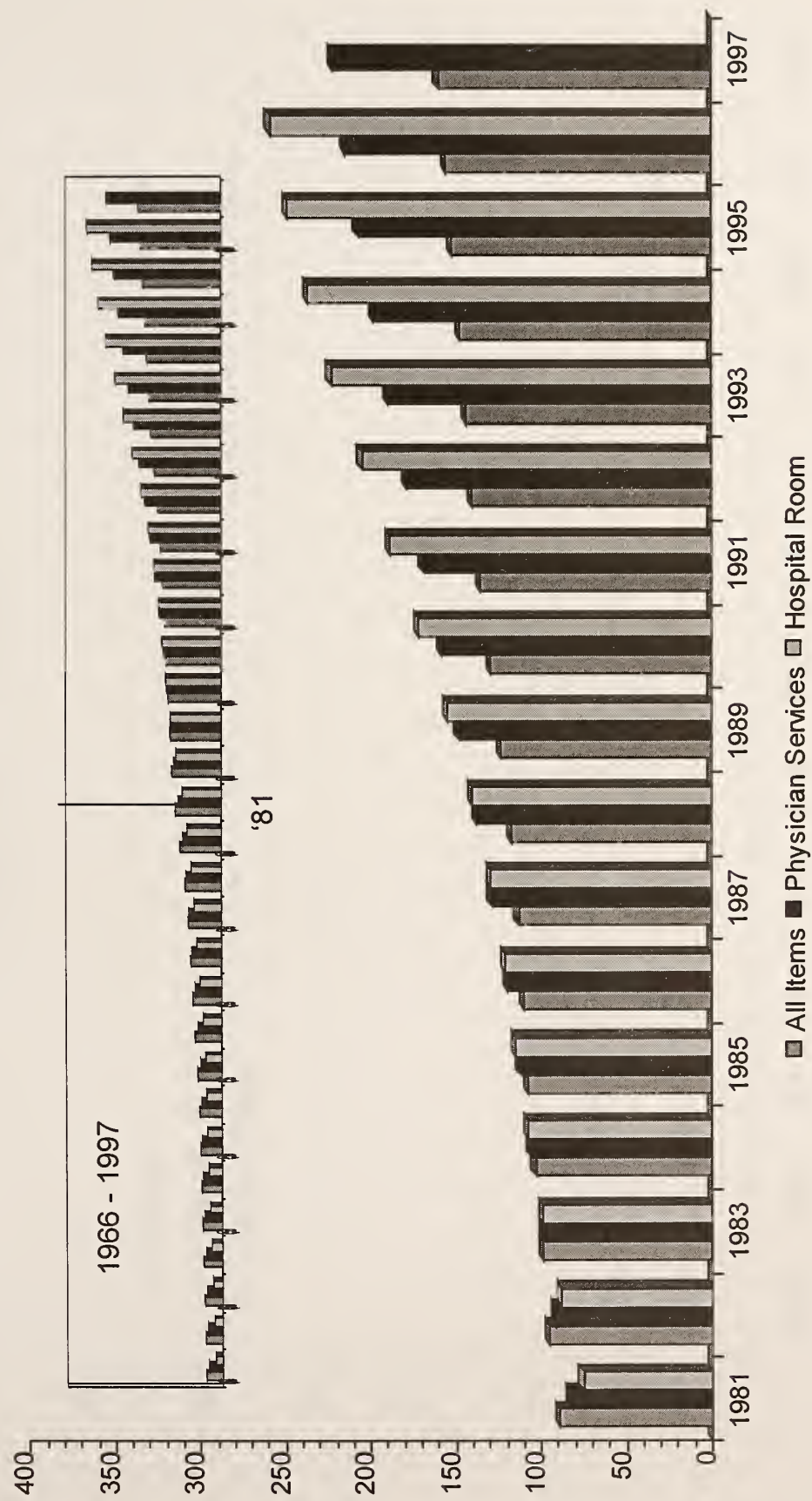
³ Revised title. Years prior to January 1978 reflect semi-private room charges; series discontinued in 1996.

⁴ New series begins in January 1997; fiscal year annual average cannot yet be calculated.

SOURCES: HCFA/OACT and U.S. Department of Labor, Bureau of Labor Statistics

August 1998

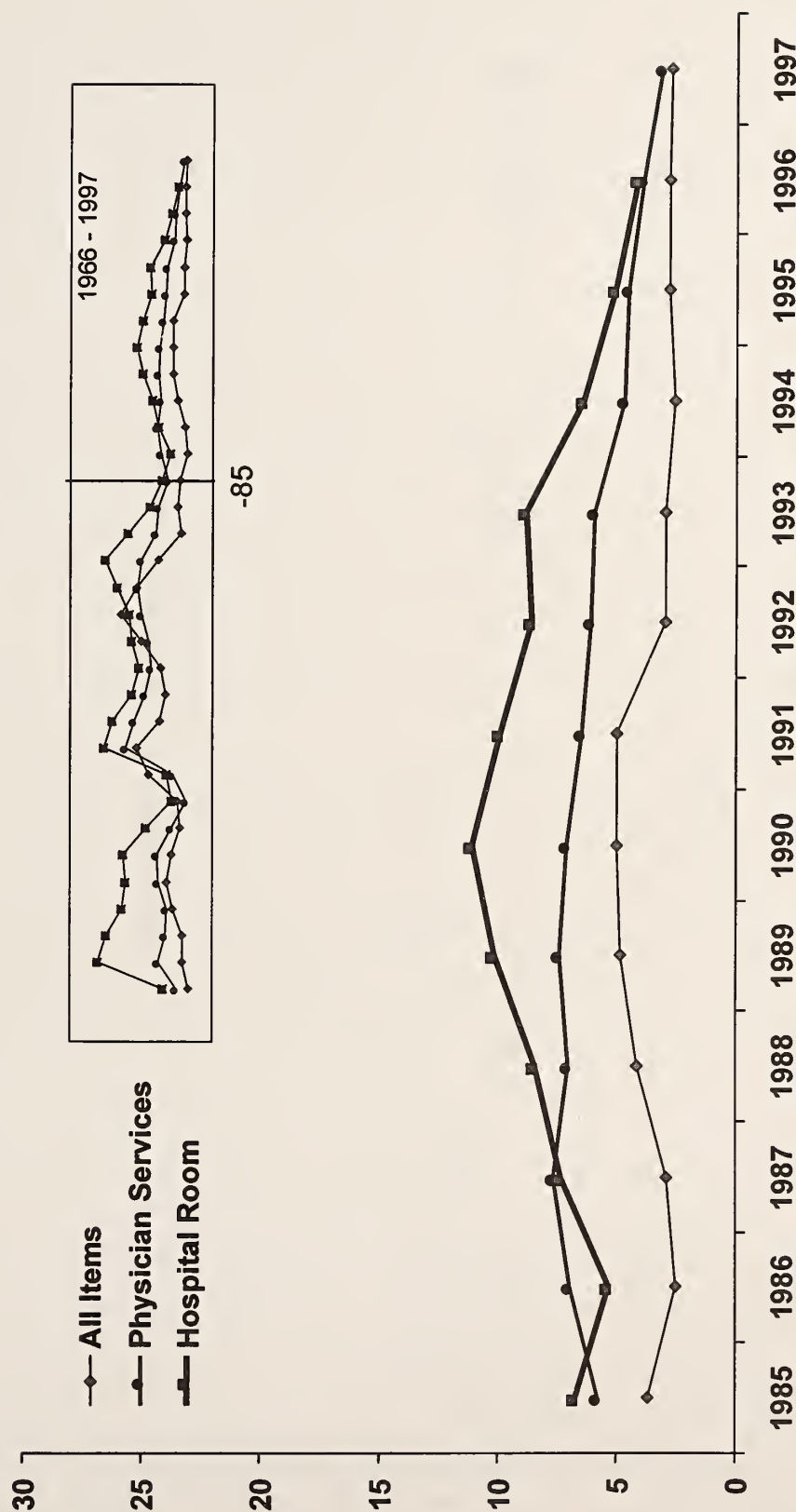
National Medical Care Price Indicators (1982-1984=100) Average Annual Index



Consumer Price Indexes Annual Percent Change

Fiscal Years

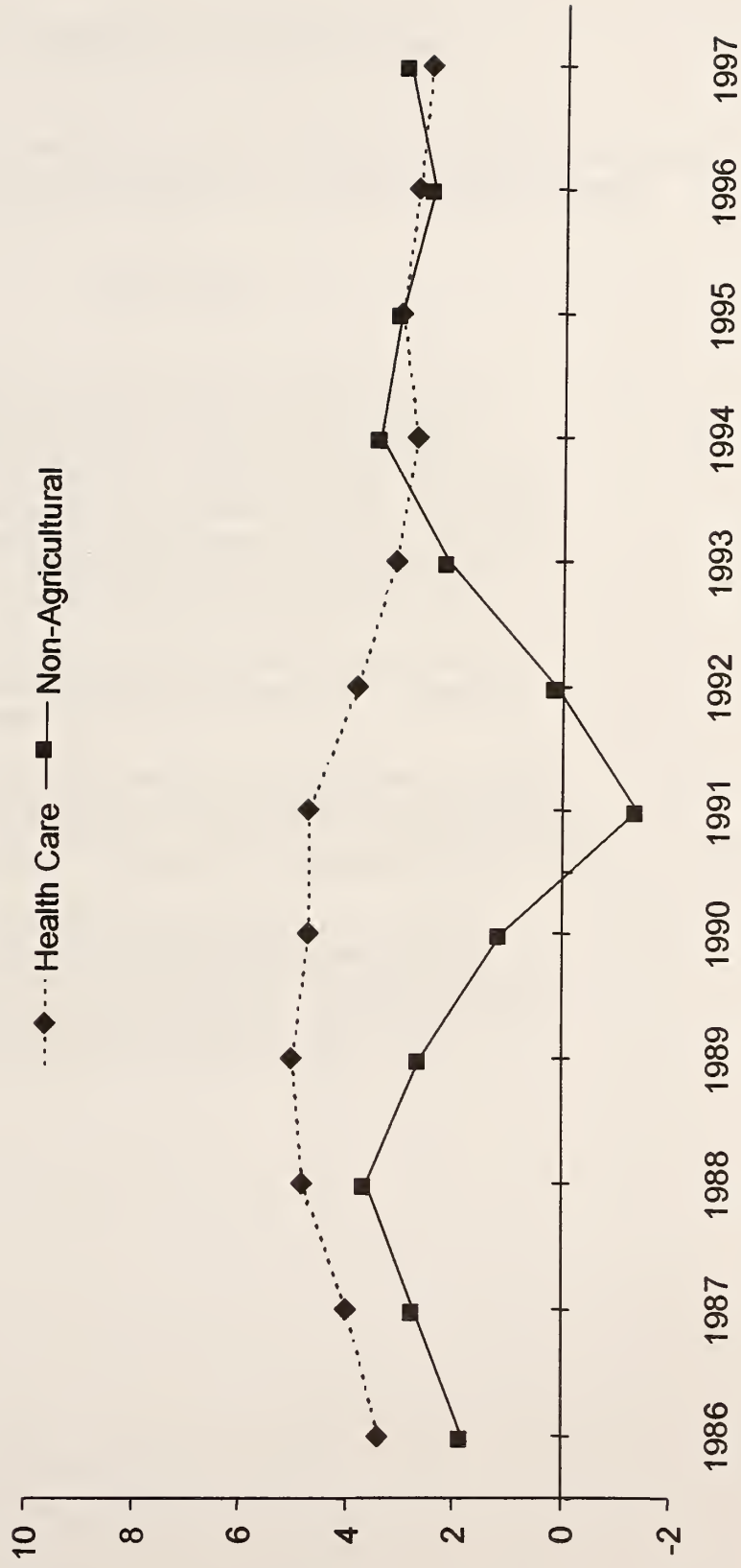
(1982-84=100)



SOURCES: HCFA/OACT and U. S. Department of Labor

August 1998

Workhours in Private Health Care Establishments versus All Non-Agricultural Establishments Calendar Years



SOURCE: HCFA/OACT

August 1998

III. ADMINISTRATIVE/OPERATING

Information in this section concerns activities and services related to the oversight of the day-to-day operations of HCFA programs. Current and trend data on trust fund operations, contractor performance and administrative costs are included.

HIGHLIGHTS

- o Medicare Hospital Insurance benefit payments grew from \$2.5 billion in FY 1967 to \$136.0 billion in FY 1997. The Medicare Supplementary Medical Insurance benefit payments increased from \$.7 billion in FY 1967 to \$71.1 billion in FY 1997. The greatest increase to both programs occurred between 1970 and 1980, due to the addition of coverage for disabled persons beginning in 1973. In addition, there was a substantial increase in both programs from 1989 to 1990 due to the Medicare Catastrophic Coverage Act.*
- o Medicare total HI and SMI administrative expenses as a percent of total HI and SMI benefit payments decreased from 7.1 percent in FY 1967 to 1.5 percent in FY 1997.*
- o As of January 1998, Medicare had 40 Intermediaries and 28 carriers processing claims. Part A and Part B unit costs decreased 6 percent and 7 percent, respectively, from FY 1996 to FY 1997. During FY 1997, Part A unit costs were \$1.20 and Part B unit costs were \$0.96.*
- o In FY 1997, covered charges on assigned claims were reduced an average of \$82.74. Covered charges on unassigned claims in FY 1997 were reduced an average of \$14.23. Unassigned claims had a lower reduction average after FY 1990 due to the limiting charge provision on unassigned claims beginning January 1, 1991.*

Medicare Operations of the HI Trust Fund Selected Fiscal Years

Fiscal Year ¹	Income					Disbursements				Trust Fund	
	Transfers from Railroad Retirement Account	Transfers for Uninsured Persons	Reimbursement for Voluntary Enrollees	Payments for Military Wage Credits	Interest and Other Income ²	Total Income	Benefit Payments ³	Administrative Expenses ⁴	Total Disbursements	Net Increase in Fund	Fund at End of Year
Amount in millions											
1967	\$2,689	\$327		\$11	\$46	\$3,089	\$2,508	\$89	\$2,597	\$492	\$1,343
1970	4,785	617		11	137	5,614	4,804	149	4,953	661	2,677
1975	11,291	481	\$6	48	609	12,568	10,353	259	10,612	1,956	9,870
1980	23,244	697	17	141	1,072	25,415	23,790	497	24,288	1,127	14,490
1985	46,490	766	38	86	3,182	50,933	47,841	813	48,654	4,103 ⁵	21,277
1990	70,655	413	113	107	7,908	79,563	65,912	774	66,687	12,876	95,631
1991	74,655	605	367	-1,011 ⁶	8,969	83,938	68,705	934	69,638	14,299	109,930
1992	80,978	621	484	86	10,133	92,677	80,784	1,191	81,974	10,703	120,633
1993	83,147	367	622	81	12,484 ⁷	97,101	90,738	866	91,604	5,497	126,131
1994	92,028	413	852	80	12,315	106,195	101,535	1,235	102,770	3,425	129,555
1995	98,053	396	998	61	14,876	114,847	113,583	1,300	114,883	-36	129,520
1996	106,934	419	1,107	-2,293 ⁸	14,565	121,135	124,088	1,229	125,317	-4,182	125,338
1997	112,725	481	1,279	70	13,528	128,501	136,175	1,613	137,789	-9,287	116,050

¹ Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

² Other income includes recoveries of amounts reimbursed from the trust fund income which are not obligations of the trust fund, from taxation of benefits, and a small amount of miscellaneous income.

³ Includes cost of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983).

⁴ Includes cost of experiments and demonstration projects.

⁵ Includes repayment of loan principal from OASI trust fund of \$1,824 million.

⁶ Includes the lump-sum general revenue adjustment of -\$1,100 million, as provided for by section 151 of P.L. 98-21.

⁷ Includes \$1,805 million transfer from the SMI catastrophic coverage reserve fund, as provided for by P.L. 102-394.

⁸ Includes the lump sum general revenue transfer of -\$2,366 million, as provided for by section 151 of P.L. 98-21.

NOTES: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

August 1998

Medicare Operations of the SMI Trust Fund Selected Fiscal Years

Fiscal Year ¹	Income			Disbursements				Balance in Fund at End of Year ⁴
	Premiums from Participants	Government Contribu- tions ²	Interest and Other Income ³	Total Income	Benefit Payments	Adminis- trative Expenses	Total Disburse- ments	
Amount in millions								
1967	\$647	\$623	\$15	\$1,285	\$664	\$135 ⁵	\$799	\$486
1970	936	928	12	1,876	1,979	217	2,196	57
1975	1,887	2,330	105	4,322	3,765	405	4,170	1,424
1980	2,928	6,932	415	10,275	10,144	593	10,737	4,532
1985	5,524	17,898	1,155	24,577	21,808	922	22,730	10,646
1990	11,494	33,210	1,434	46,138	41,498	1,524	43,022	14,527
1991	11,807	34,730	1,629	48,166	45,514	1,505	47,019	15,675
1992	12,748	38,684	1,717	53,149	48,627	1,661	50,288	18,535
1993	14,683	44,227	84 ⁶	58,994	52,409	1,845	54,254	23,276
1994	16,895	38,355	2,118	57,367	58,006	1,718	59,724	20,919
1995	19,243	36,988 ⁷	1,937	58,169	63,491	1,722	65,213	13,875 ⁷
1996	18,931	61,702 ⁷	1,392	82,025	67,176	1,771	68,947	26,953 ⁷
1997	19,141	59,471	2,193	80,806	71,133	1,420	72,553	35,206

¹ For 1967 through 1975, fiscal years cover the interval from July 1 through June 30; fiscal years 1980 and after cover the interval from October 1 through September 30.

² The payments shown as being from the general fund of the Treasury include certain interest-adjustment items.

³ Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and other miscellaneous income.

⁴ The financial status of the program depends on both the total net assets and the liabilities of the program.

⁵ Administrative expenses shown include those paid in fiscal years 1966 and 1967.

⁶ Includes the transfer from SMI to HI of \$1,805 million, representing premiums paid into the SMI trust fund under the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360), as provided for by P.L. 102-394.

⁷ A scheduled general fund transfer of \$6.7 billion could not be made in December 1995, due to the absence of funding during that month. Subsequently, the transfer was made in March 1996 making the SMI income for 1996 higher than normal.

NOTE: Totals do not necessarily equal the sum of rounded components.

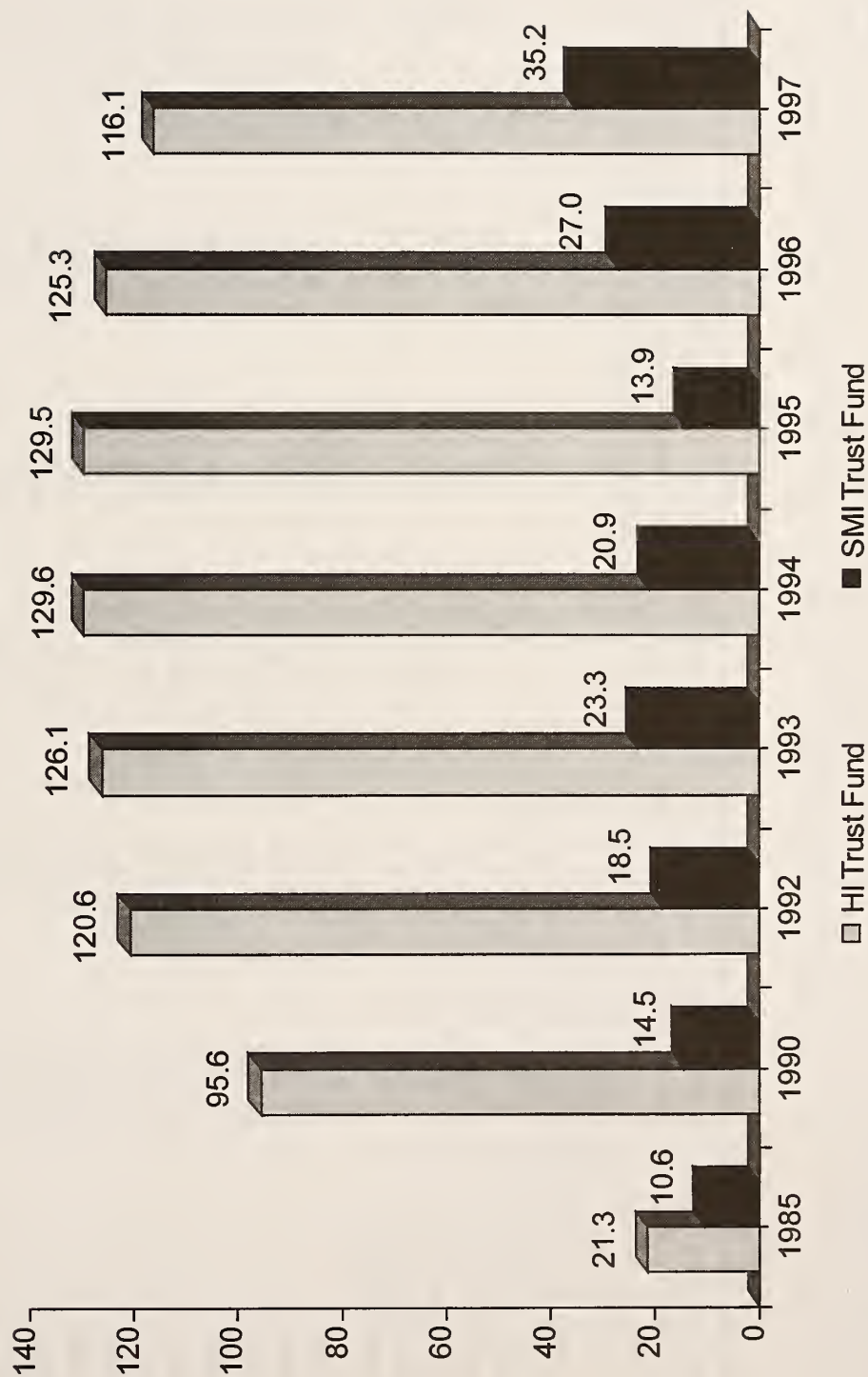
SOURCE: HCFA/OACT

August 1998

Medicare HI & SMI Trust Fund Balances

Fiscal Years

Dollars in Billions



SOURCE: HCFA/OACT

August 1998

Medicare SMI Trust Fund Income Selected Fiscal Years

Fiscal Year	Total Income (less interest)	Premiums from Participants			Government Contributions ¹		
		Total	Aged	Disabled	Total	Aged	Disabled
Amount in millions							
1967	\$ 1,270	\$ 647	\$ 647	--	\$ 623	\$ 623	--
1970	1,863	936	936	--	928	928	--
1975	4,217	1,887	1,736	\$ 151	2,330	1,711	\$ 619
1980	9,851	2,928	2,637	291	6,923	5,035	1,322
1985	23,422	5,524	5,042	482	17,898	15,071	2,827
1990	44,704	11,494 ²	10,138	995	33,210	31,107	2,103
1991	46,537	11,807	10,741	1,066	34,730	32,224	2,506
1992	51,432	12,748	11,564	1,184	38,684	34,109	4,575 ³
1993	58,910	14,683	13,255	1,428	44,227	38,825	5,402
1994	55,249	16,895	15,212	1,683	38,355	33,481	4,873
1995	56,232	19,243	17,126	2,117	36,988	31,146	5,842
1996	80,633	18,931	16,858	2,073	61,702	52,353	9,349
1997	78,613	19,141	16,984	2,158	59,471	51,082	8,390
Percent change							
1967-1997	6,090	2,858	2,525	--	9,446	8,099	--
1975-1997	1,764	914	878	1,329	2,452	2,885	1,410
1995-1996	43	-2	-2	-2	67	68	59
1996-1997	-3	1	1	4	-4	-2	-10

¹ Interest on delayed transfers from general funds is included.

² Total includes catastrophic premiums.

³ Government contributions include not only amounts to help cover program costs but adjustments to the assets to account for contingencies. Since the financing rates to determine both premium rates and government contributions are set prospectively, the financing may not be adequate to cover actual program expenditures. Consequently, trust fund assets contain contingency levels to cover the impact of a reasonable degree of variation between actual and projected expenditures. The large increase in the disabled government contributions after 1991 reflects increased contributions to the disabled contingency level.

NOTES: Totals do not necessarily equal the sum of rounded components. For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund." Legislation mandates that from January 1984 through December 1990 the monthly premium for aged enrollees be kept at a constant 25 percent of expected monthly cost, i.e., one half the actuarial rate.

SOURCE: HCFA/OACT

August 1998

Medicare Ratio of SMI Benefit Payments to Premium Income Selected Fiscal Years

Fiscal Year	Benefit Payments			Ratio of Benefit Payments to Premium Income		
	Total	Aged	Disabled	Total	Aged	Disabled
Amount in Millions						
1967	\$664	\$664	--	1.0	1.0	--
1970	1,979	1,979	--	2.1	2.1	--
1975	3,765	3,289	\$476	2.0	1.9	3.2
1980	10,144	8,497	1,647	3.5	3.2	5.7
1985	21,808	19,077	2,731	4.0	3.8	5.7
1986	25,169	22,067	3,102	4.4	4.2	6.2
1987	29,937	26,350	3,587	4.6	4.5	6.2
1988	33,682	29,796	3,886	3.8	3.7	4.9
1989	36,867	32,748	4,119	3.5 ¹	3.5 ¹	4.4
1990	41,498	36,837	4,661	3.7	3.6	4.7
1991	45,514	40,198	5,316	3.9	3.7	5.0
1992	48,627	42,792	5,843	3.8	3.7	4.9
1993	52,409	45,639	6,770	3.6	3.4	4.7
1994	58,006	50,112	7,894	3.4	3.3	4.7
1995	63,491	54,594	8,897	3.3	3.2	4.2
1996	67,178	57,323	9,855	3.6	3.4	4.8
1997	71,132	59,963	11,169	3.7	3.5	5.2
Percent change						
1967-1997	10,613	8,931	--			
1975-1997	1,789	1,723	2,246			
1994-1995	9	9	13			
1995-1996	6	5	11			
1996-1997	6	5	13			

¹ Calculation based on standard premiums which exclude catastrophic premium income.

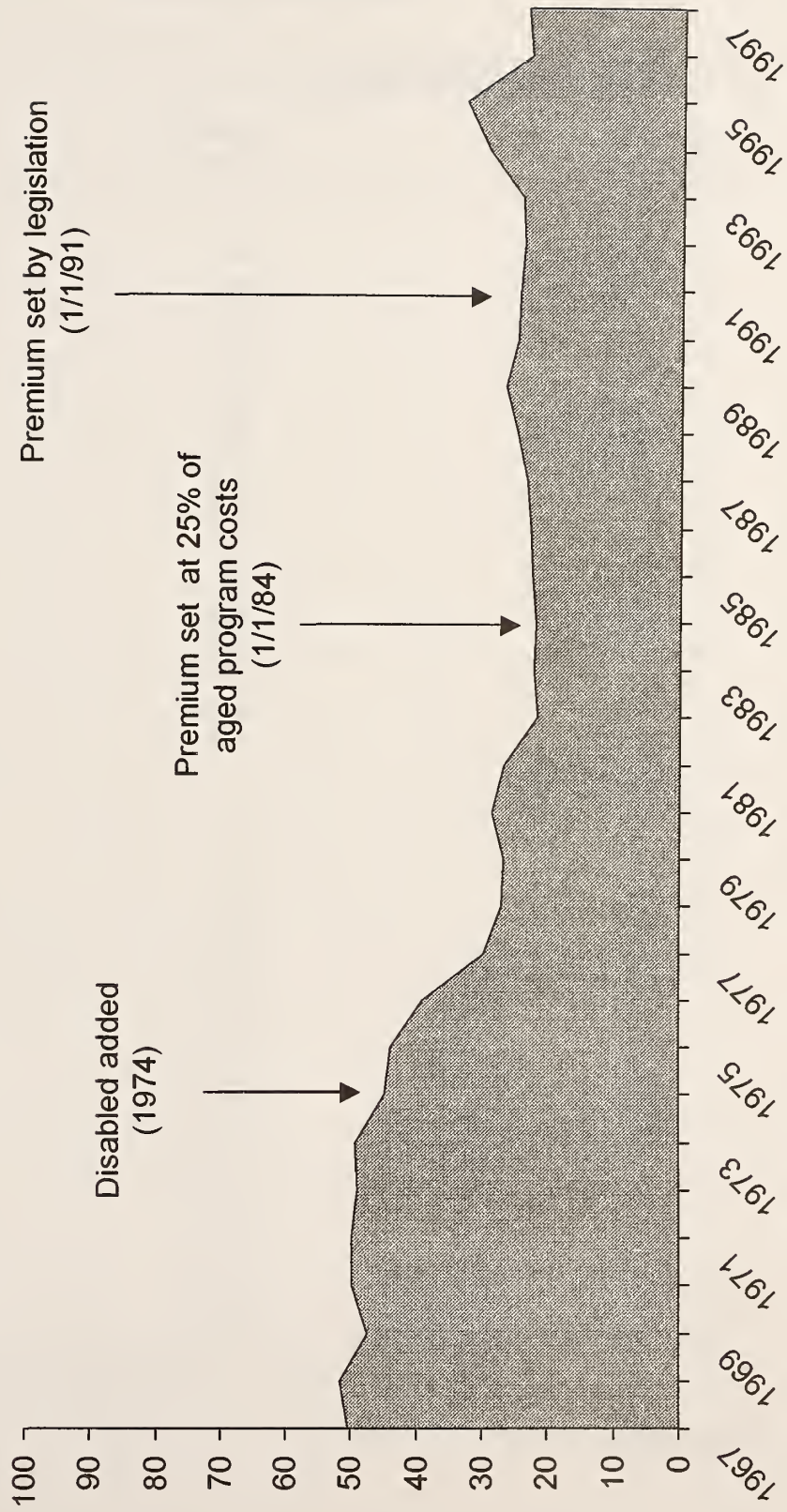
NOTES: For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund."

SOURCE: HCFA/OACT

August 1998

Medicare Premiums as a Percent of Total SMI Trust Fund Income

Fiscal Years



SOURCE: HCFA/OACT

August 1998

Medicare Administrative Expenses Selected Fiscal Years

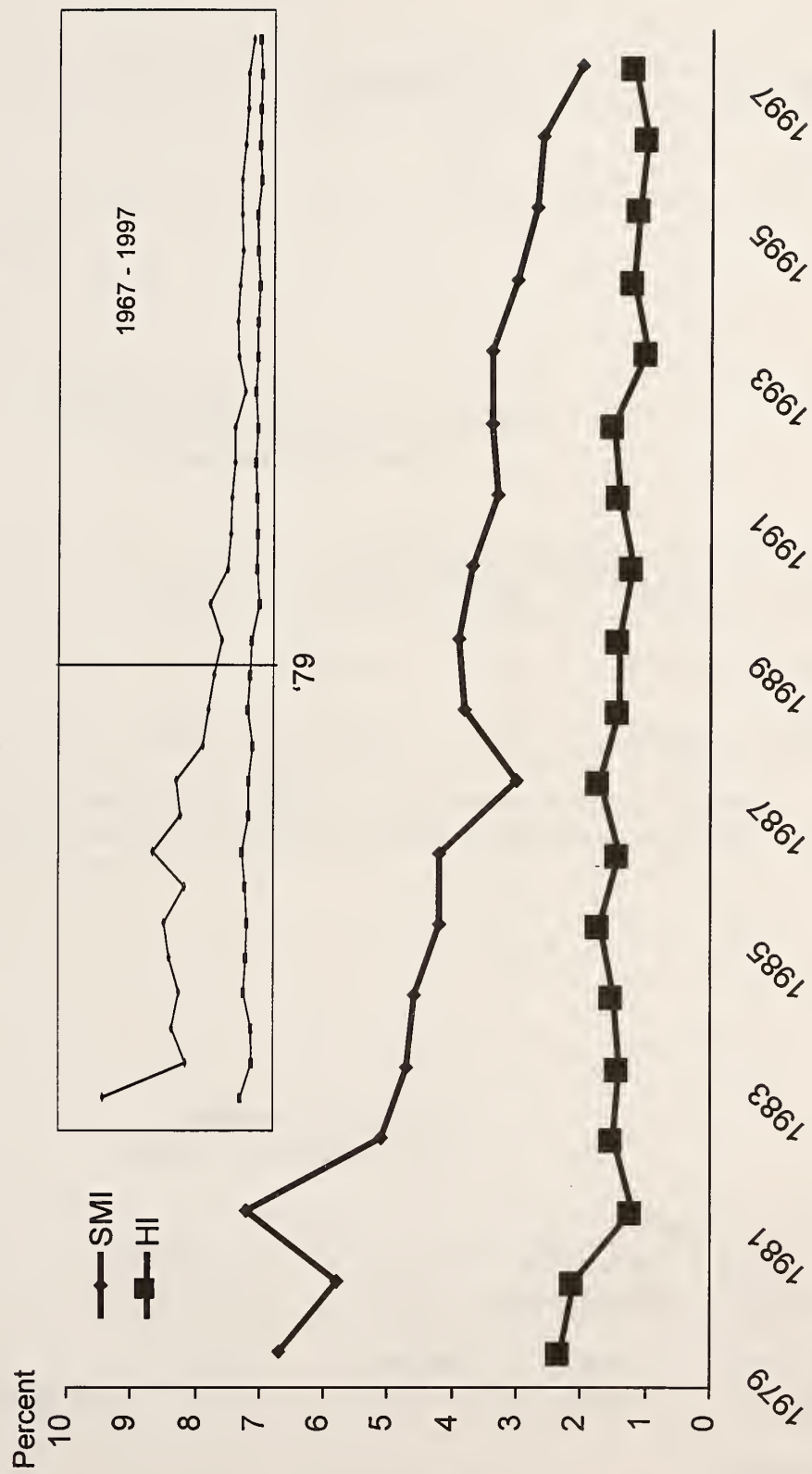
Fiscal Year	Administrative Expenses	
	Amount in Millions	Percent of Benefit Payments
HI Trust Fund		
1967	\$89	3.5
1970	149	3.1
1975	259	2.5
1980	497	2.1
1985	813	1.7
1986	667	1.4
1987	836	1.7
1988	707	1.4
1989	805	1.4
1990	774	1.2
1991	934	1.4
1992	1,191	1.5
1993	866	1.0
1994	1,235	1.2
1995	1,300	1.1
1996	1,229	1.0
1997	1,613	1.2
SMI Trust Fund		
1967	135 ¹	20.3
1970	217	11.0
1975	405	10.8
1980	593	5.8
1985	922	4.2
1986	1,049	4.2
1987	900	3.0
1988	1,265	3.8
1989	1,450	3.9
1990	1,524	3.7
1991	1,505	3.3
1992	1,661	3.4
1993	1,845	3.5
1994	1,718	3.0
1995	1,722	2.8
1996	1,771	2.6
1997	1,420	2.0

¹ Includes expenses paid in fiscal years 1966 and 1967.

SOURCE: HCFA/OACT

August 1998

Medicare Administrative Expenses Percent of Benefit Payments Fiscal Years



SOURCE: HCFA/OACT

August 1998

Medicare Contractors 1997

	Intermediaries	Carriers
Blue Cross/Blue Shield	36	20
Other	4	8

Data as of January 1, 1998

SOURCE: HCFA/OICS

Medicare Claims Processing Costs Selected Fiscal Years

	Net Unit Cost per Claim				
	1975	1980	1985	1990	1997
Intermediaries ¹	\$3.84	\$2.96	\$2.33	\$1.86	\$1.20
Carriers ²	\$2.90	\$2.33	\$1.88	\$1.56	\$0.96

¹ Includes direct costs and overhead costs for bill payment, reconsiderations and hearings lines.

² Includes direct costs and overhead costs for the claims payment, reviews and hearings, and beneficiary/physician inquiries lines.

SOURCE: HCFA/OFM

Medicare Appeals Fiscal Years 1995 - 1997

	1996		1997	
	Intermediary Reconsiderations	Carrier Reviews	Intermediary Reconsiderations	Carrier Reviews
Number Processed	60,675	3,993,334	59,689	3,337,592
Percent With Increased Payments	35.8	76.9	30.0	70.3

SOURCE: HCFA/OFM

August 1998

Medicare Physician/Supplier Claims Charge Reductions
Selected Fiscal years 1980 - 1997

Fiscal Year	Claims Approved		Total Covered Charges		
	Number in thousands	Percent Reduced	Amount in millions	Percent Reduced	Amount Reduced per Claim

Assigned (HCFA-1490/1500)

1980	70,937	80.0	\$6,878	22.5	\$21.81
1985	168,587	81.7	20,743	27.0	33.19
1986	188,075	82.5	24,108	28.4	36.43
1987	222,277	83.0	29,436	27.9	36.90
1988	264,096	85.5	36,083	29.3	39.97
1989	295,666	86.3	41,852	30.9	43.72
1990	329,061	87.6	48,711	32.6	48.22
1991	373,250	86.7	57,547	35.2	54.20
1992	406,502	87.0	66,062	39.2	63.60
1993	446,475	88.2	74,261	42.1	70.08
1994	496,264	88.1	82,855	42.5	71.03
1995	534,972	86.4	91,672	42.2	72.31
1996	544,639	87.1	96,205	44.4	78.42
1997	564,461	87.5	102,279	45.7	82.74

Unassigned (HCFA-1490/1500)

1980	66,207	83.7	\$6,527	22.3	\$21.96
1985	77,646	84.6	10,051	25.6	33.12
1986	84,853	84.9	10,581	26.6	33.15
1987	85,160	82.5	10,516	25.5	31.44
1988	78,484	85.7	9,351	24.7	29.47
1989	74,621	89.2	8,794	25.2	29.67
1990	75,879	90.3	8,702	25.3	28.97
1991	78,450	90.7	8,134	24.0 ¹	24.84 ¹
1992	69,522	85.4	6,671	19.8 ¹	18.95 ¹
1993	54,096	85.5	4,724	16.9 ¹	14.75 ¹
1994	42,544	86.7	3,489	16.4 ¹	13.45 ¹
1995	32,695	83.9	2,725	15.6 ¹	13.01 ¹
1996	24,390	84.5	2,071	15.6 ¹	13.22 ¹
1997	19,765	84.4	1,726	16.3	14.23

¹ The reduction rate was less on unassigned claims in 1991 through 1996 due to the limiting charge provision on unassigned claims beginning January 1, 1991.

NOTE: Charge reduction is the total dollar amount reduced as a result of charge determination made by a carrier.

SOURCE: HCFA/OFM

August 1998

Medicare Charge Determination Data for Physician/Supplier Claims Selected Fiscal Years 1975-1997

Fiscal Year	Claims Paid or Applied to Deductible		Claims on Which Charge Reductions Were Made				
	Number in thousands	Total Covered Charges in thousands	Number in thousands	Percent of Claims Paid or Applied to Deductible	Amount of Reduction		Avg. Amount per Approved Claim
					Total in thousands	Percent of Covered Charges	
1975	75,694	\$5,324,636	50,738	67.0	\$863,847	16.2	\$11.41
1980	145,157	13,765,039	113,707	78.3	3,063,364	22.3	21.10
1985	246,337	30,800,071	203,405	82.6	8,168,817	26.5	33.16
1986	272,969	34,692,565	227,127	83.2	9,664,309	27.9	35.40
1987	307,437	39,952,727	254,672	82.8	10,879,839	27.2	35.39
1988	342,580	45,434,338	293,027	85.5	12,867,579	28.3	37.56
1989	370,288	50,646,122	321,851	86.9	15,139,981	29.9	40.89
1990	404,939	57,413,496	356,775	88.1	18,063,716	31.5	44.61
1991	451,700	65,680,424	394,615	87.4	22,179,014	33.8	49.10
1992	476,024	72,733,350	413,095	86.8	27,170,734	37.4	57.08
1993	500,572	78,984,666	439,888	87.9	32,089,244	40.6	64.11
1994	538,808	86,344,476	473,907	88.0	35,823,544	41.5	66.49
1995	567,666	94,396,848	489,467	86.2	39,108,517	41.4	68.89
1996	569,029	98,276,302	494,764	86.9	43,035,169	43.8	75.63
1997	584,226	104,004,862	510,568	87.4	46,987,436	45.2	80.43

NOTE: Data prior to July 1, 1976 exclude claims handled by the Social Security Administration's Office of Direct Reimbursement.

SOURCE: HCFA/OFM

August 1998

**Medicaid Administrative Expenses
Fiscal Years 1995 - 1997**

	1995	1996	1997
Total Payments Computable for Federal Funding ¹	\$7,662,545	\$6,727,268	\$5,662,873
Federal Share ¹			
Family Planning	20,576	13,811	15,922
Design, Development or Installation of MMIS ²	51,991	36,725	55,181
Skilled Professional Medical Personnel	179,450	180,926	237,244
Operation of an Approved MMIS	588,198	585,499	593,684
Other Financial Participation	3,323,573	2,853,004	2,199,330
Mechanized Systems Not Approved Under MMIS ²	56,422	49,694	65,298
Total Administration	4,220,210	3,719,659	3,166,659
Net Adjusted Federal Share ³	3,544,174	3,613,911	N/A

¹ Source: Form HCFA-64 (net expenditures reported -- Administration). Fiscal Year 1997 is preliminary.

² Medicaid Management Information System.

³ Includes Federal share of net expenditures reported plus HCFA adjustments.

SOURCE: HCFA/CMSO

August 1998

IV. POPULATIONS

Information about persons covered by Medicare Hospital Insurance (HI) and Supplementary Medical Insurance (SMI) and Medicaid.

Medicare statistics are based on persons enrolled for coverage. Medicaid recipient counts are used as a surrogate of persons eligible for coverage. Current and trend data showing demographic and eligibility category distributions are included.

HIGHLIGHTS

- o In 1997, about 88 percent of the Medicare population was age 65 and over.*
- o An estimated 97 percent of the total aged population has some type of Medicare coverage.*
- o In 1997, approximately 94 percent of the total Medicare population was covered by both Part A and Part B.*
- o The Medicare Part A beneficiaries ages 85 and over, as a percent of all aged beneficiaries, increased from 6.2 percent in 1966 to 11.9 percent in 1997. During this same time period, the 65 to 69 year age group, as a percent of all aged beneficiaries, decreased from 34.1 percent in 1966 to 27.7 percent in 1997.*
- o The Medicare female beneficiaries enrolled in Medicare Part A, as a percent of all aged beneficiaries, increased from 57.4 percent in 1966 to 59.1 percent in 1997. During this same time period, the Medicare male beneficiaries enrolled in Medicare Part A, as a percent of all aged beneficiaries, decreased from 42.6 percent in 1966 to 40.9 percent in 1997.*
- o The number of Medicaid recipients is expected to increase to 37.5 million by 1999. This will represent a 74 percent increase since 1980.*
- o There has been an increase of almost 12 percent in the number of Medicare State Buy-Ins between 1994 and 1997.*

Medicare Enrollees Selected Years

	1975	1980	1985	1990	1993	1995	1997	1998	1999	2000
	Number in millions									
HI and/or SMI										
Total	25.0	28.5	31.1	34.2	36.3	37.5	38.8	39.2	39.6	40.0
Aged	22.8	25.5	28.2	30.9	32.4	33.1	33.7	34.0	34.2	34.4
Disabled	2.2	3.0	2.9	3.3	3.8	4.4	5.1	5.2	5.4	5.6
HI										
Total	24.6	28.1	30.6	33.7	35.9	37.1	38.2	38.8	39.2	39.6
Aged	22.5	25.1	27.7	30.5	32.0	32.7	33.2	33.6	33.8	34.0
Disabled	2.2	3.0	2.9	3.3	3.8	4.4	5.0	5.2	5.4	5.6
SMI										
Total	23.9	27.4	30.0	32.6	34.6	35.7	36.6	36.7	36.9	37.3
Aged	21.9	24.7	27.3	29.7	31.1	31.7	32.2	32.3	32.4	32.6
Disabled	2.0	2.7	2.7	2.9	3.5	3.9	4.4	4.4	4.5	4.6
HI and SMI	23.6	27.0	29.5	32.1	34.2	35.3	36.0	36.3	36.5	36.9
HI Only	1.1	1.1	1.1	1.6	1.7	1.8	2.2	2.5	2.6	2.8
SMI Only	0.3	0.4	0.5	0.5	0.4	0.4	0.6	0.4	0.4	0.4

NOTES: Historical data from OIS for 1975-1995 are as of July. Projections for 1997-2000 are actuarial forecasts from OACT and represent ever enrolled. Totals do not necessarily equal the sum of rounded components.

SOURCES: HCFA/OACT/OIS

August 1998

**Medicare HI and/or SMI Enrollment Demographics
1997**

	Total	Male	Female
Number in thousands			
All Persons	38,455	16,497	21,958
Aged Persons	33,608	13,694	19,914
65 - 74	17,916	8,035	9,881
75 - 84	11,619	4,521	7,098
85 and over	4,073	1,138	2,935
Disabled Persons	4,846	2,803	2,043
Under 45	1,610	967	643
45 - 54	1,388	804	584
55 - 64	1,848	1,032	816
White	32,709	14,005	18,704
Black	3,486	1,475	2,011
All Other	2,065	942	1,123
Native American	58	29	29
Asian/Pacific	412	184	228
Hispanic	866	415	451
Other	728	314	414
Unknown Race	195	75	120

NOTES: Data as of December. Totals do not necessarily equal the sum of the rounded components.

SOURCE: HCFA/OIS

**Medicare HI and/or SMI Enrollment End Stage Renal Disease Demographics
1997**

	Number of Enrollees
All Persons	233,728
Age	
Under 25	7,778
25-44	47,404
45-64	87,770
65 and over	90,776
Sex	
Male	124,863
Female	108,865
Race	
White	122,303
Non-white	92,245
Unknown	19,180

NOTE: Data as of July.

SOURCE: HCFA/OIS

August 1998

Medicare HI Enrollment Demographics Selected Years

Year	Number in thousands	Percent Distribution by Age					Median Age in Years	
		Total	65-69	70-74	75-79	80-84		85+
1966	19,082	100.0	34.1	28.7	19.8	11.2	6.2	72.6
1970	20,361	100.0	33.3	27.2	20.3	12.0	7.2	73.0
1975	22,472	100.0	33.5	26.3	19.3	12.5	8.4	73.0
1980	25,104	100.0	33.1	26.3	18.8	12.2	9.6	73.0
1985	27,683	100.0	31.9	26.3	19.2	12.3	10.3	73.3
1990	30,464	100.0	31.4	25.7	19.5	12.7	10.7	73.5
1992	31,585	100.0	30.3	26.2	19.5	13.0	11.0	73.6
1993	32,060	100.0	29.9	26.2	19.6	13.1	11.2	73.7
1994	32,409	100.0	29.3	26.5	19.5	13.3	11.4	73.8
1995	32,742	100.0	28.7	26.4	19.8	13.5	11.6	74.0
1996	33,022	100.0	28.3	26.2	20.2	13.6	11.7	74.1
1997	33,237	100.0	27.8	26.0	20.6	13.7	11.9	74.3

Percent Distribution of Aged Enrollees by Sex and Race									
Year	All Persons	Male			Female				
		Total	White	Non- White	Unknown	Total	White	Non- White	
									Unknown
1966	100.0	42.6	38.6	3.4	0.6	57.4	50.8	4.1	2.5
1970	100.0	41.8	37.4	3.5	0.9	58.2	51.9	4.4	1.9
1975	100.0	40.8	36.2	3.6	1.0	59.2	52.8	4.7	1.7
1980	100.0	40.4	35.7	3.7	1.1	59.5	52.9	4.9	1.7
1985	100.0	40.3	35.4	3.7	1.2	59.7	52.8	5.1	1.8
1990	100.0	40.3	35.2	3.9	1.2	57.7	52.1	5.8	1.9
1992	100.0	40.4	34.9	4.0	1.4	59.6	51.5	6.1	2.0
1993	100.0	40.5	34.9	4.1	1.5	59.5	51.2	6.3	2.1
1994	100.0	40.6	36.0	3.7	0.9	59.4	52.6	5.6	1.3
1995	100.0	40.7	35.9	3.8	1.0	59.3	52.2	5.8	1.4
1996	100.0	40.8	35.9	3.9	1.0	59.2	51.9	5.9	1.4
1997	100.0	40.9	35.8	3.5	1.5	59.1	51.5	5.6	2.0

NOTE: Data as of July. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OIS

August 1998

**Medicare State Buy-Ins for SMI
1994 - 1997**

Type of Beneficiary ¹	1994	1995	1996	1997
All Persons				
Number	4,558,015	4,819,209	5,000,659	5,088,980
Percent of SMI Enrolled	13.0	13.5	13.8	14.1
Aged				
Number	3,213,105	3,334,169	3,404,151	3,445,079
Percent of SMI Enrolled	10.2	10.5	10.6	10.8
Disabled				
Number	1,344,909	1,485,039	1,596,507	1,643,898
Percent of SMI Enrolled	36.2	37.7	38.4	39.0

¹ Beneficiaries in person-years for whom the State paid the Medicare SMI premium during the year.
Percent calculated using July enrollment.

SOURCE: HCFA/OIS

August 1998

Medicaid Recipients Selected Fiscal Years

	1975	1980	1985	1990	1995	1998	1999
	Number in millions						
Total	22.0	21.6	21.8	25.3	36.3	36.7	37.5
Aged	3.6	3.4	3.1	3.2	4.2	4.6	4.7
Blind/Disabled	2.5	2.9	3.0	3.7	6.0	6.8	7.0
Children	9.6	9.3	9.8	11.2	17.6	17.1	17.5
Adults	4.5	4.9	5.5	6.0	7.8	7.5	7.6
Other Title XIX	1.8	1.5	1.2	1.0	0.6	0.7	0.7

NOTES: Prior to 1991, recipient categories do not add to total because recipients could be reported in more than one category. Totals after 1990 may not add due to rounding. Aged and Blind/Disabled eligibility groups include Qualified Medicare Beneficiaries (QMB) and Specified Low-Income Medicare Beneficiaries (SLMB). Children and Adult groups include both AFDC/TANF and poverty level recipients who are not disabled. Data for fiscal years 1975-1995 are historical data from OIS as reported by states. Projections for fiscal years 1998-1999 were prepared by OACT from the President's FY 1999 budget. FY 1998-1999 do not include the Childrens Health Insurance Program (CHIP). These estimates may differ from those based on Medicaid person-years of enrollment.

SOURCES: HCFA/OIS/OACT

August 1998

Medicaid Recipient Demographics Selected Fiscal Years

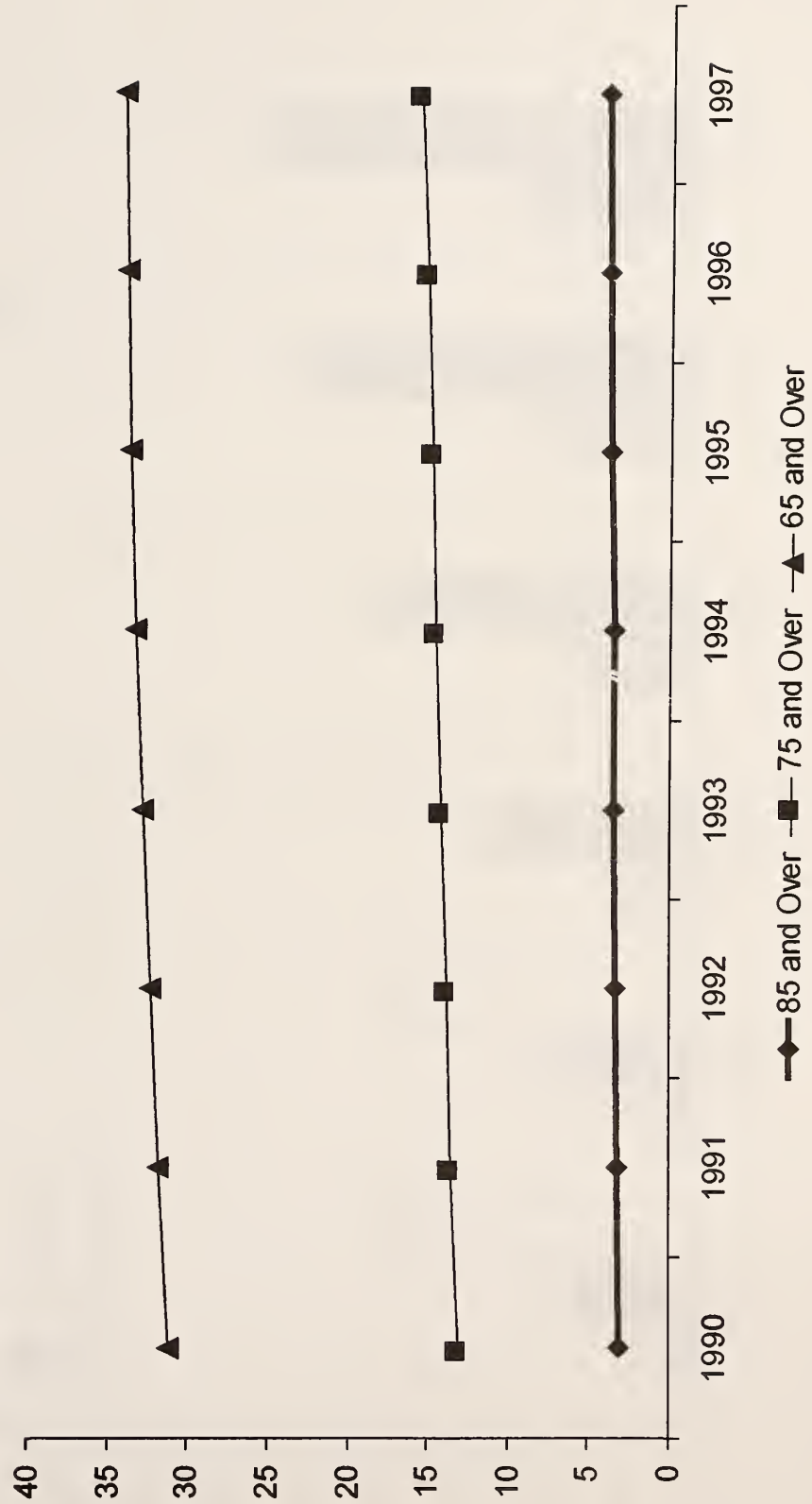
	1993	1994	1995	1996
All Recipients in thousands	33,432	35,053	36,282	36,118
Percent Distribution				
Age	100.0	100.0	100.0	100.0
Under 21	52.0	51.9	51.5	50.6
21 - 64	31.2	31.1	31.5	30.8
65 and over	12.5	12.3	12.2	13.0
Unknown	4.3	4.7	4.8	5.6
Sex	100.0	100.0	100.0	100.0
Male	35.7	36.0	36.5	36.4
Female	59.7	59.0	58.5	57.9
Unknown	4.6	5.0	5.0	5.7
Race	100.0	100.0	100.0	100.0
White	46.1	45.6	45.5	44.8
Black	25.1	24.9	24.7	23.9
American Indian/Alaskan Native	0.9	0.8	0.8	0.8
Asian/Pacific Islander	2.4	2.4	2.2	2.1
Hispanic	16.1	17.0	17.2	17.5
Unknown	9.5	9.4	9.6	10.9

NOTES: The percent distribution is based on rounded numbers. Totals do not necessarily equal the sum of rounded components. These estimates may differ from those based on Medicaid person-years of enrollment.

SOURCE: HCFA/OIS

August 1998

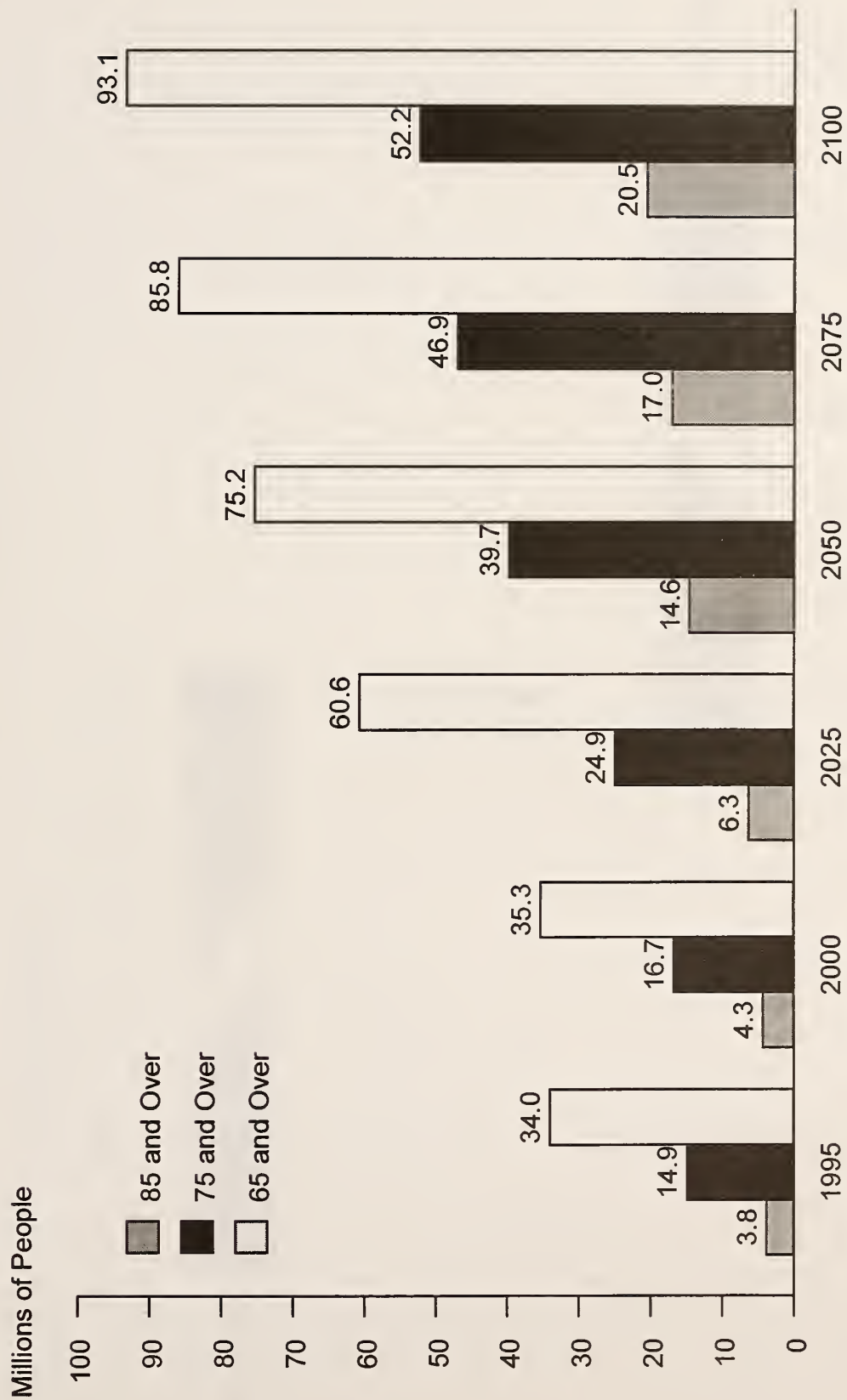
Aged Population of the United States July 1, 1990 - 1997



SOURCE: U.S. Department of Commerce, Bureau of the Census

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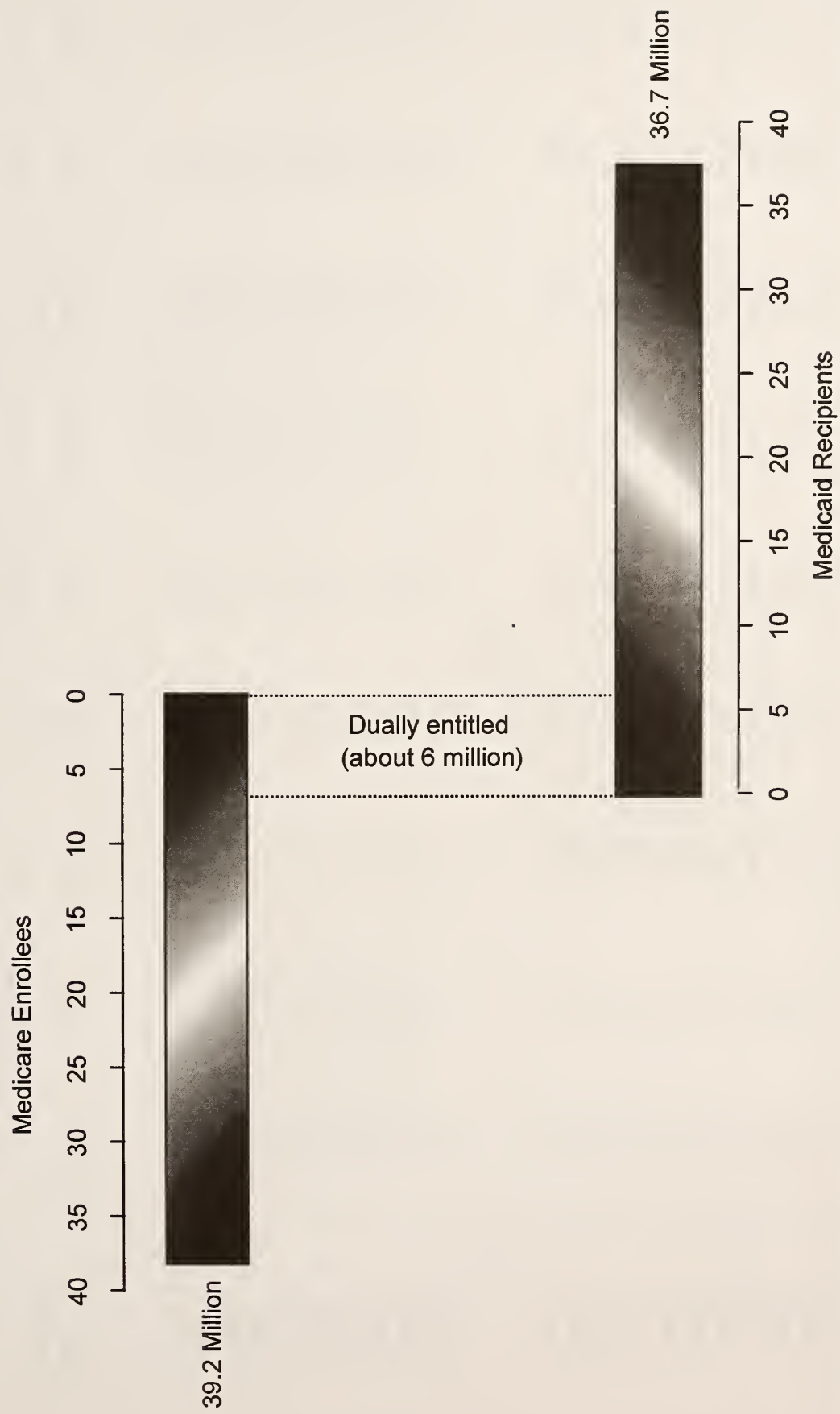
Projected Growth of the Social Security Aged Population by Selected Calendar Years



SOURCE: SSA/OACT

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HCFA Programs Covered 69.9 Million People in 1998



SOURCES: HCFA/OACT/OIS

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Life Expectancy at Birth and at Age 65 by Race and Sex: United States Selected Calendar Years

Calendar Year	All Races			White			Black		
	Both Sexes	Men	Women	Both Sexes	Men	Women	Both Sexes	Men	Women
At Birth									
1950	68.2	65.6	71.1	69.1	66.5	72.2	60.7	58.9	62.7
1980	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5
1985	74.7	71.1	78.2	75.3	71.8	78.7	69.3	65.0	73.4
1990	75.4	71.8	78.8	76.1	72.7	79.4	69.1	64.5	73.6
1991	75.5	72.0	78.9	76.3	72.9	79.6	69.3	64.6	73.8
1992	75.8	72.3	79.1	76.5	73.2	79.8	69.6	65.0	73.9
1993	75.5	72.2	78.8	76.3	73.1	79.5	69.2	64.6	73.7
1994	75.7	72.4	79.0	76.5	73.3	79.6	69.5	64.9	73.9
1995	75.8	72.5	78.9	76.5	73.4	79.6	69.6	65.2	73.9
1996	76.1	73.1	79.1	76.8	73.9	79.7	70.2	66.1	74.2
At Age 65									
1950	13.9	12.8	15.0	NA	12.8	15.1	13.9	12.9	14.9
1980	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8
1985	16.7	14.5	18.5	16.8	14.5	18.7	15.2	13.0	16.9
1990	17.2	15.1	18.9	17.3	15.2	19.1	15.4	13.2	17.2
1991	17.4	15.3	19.1	17.5	15.4	19.2	15.5	13.4	17.2
1992	17.5	15.4	19.2	17.6	15.5	19.3	15.7	13.5	17.4
1993	17.3	15.3	18.9	17.4	15.4	19.0	15.5	13.4	17.1
1994	17.4	15.5	19.0	17.5	15.6	19.1	15.7	13.6	17.2
1995	17.4	15.6	18.9	17.6	15.7	19.1	15.6	13.6	17.1
1996	17.5	15.7	19.0	17.6	15.8	19.1	15.8	13.9	17.2

SOURCE: Public Health Service, Health United States, 1997.

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Life Expectancy at Age 65
Based on U.S. Life Table Functions

Calendar Year	Male	Female
Number in years		
1965	12.9	16.3
1970	13.1	17.1
1975	13.7	18.0
1980	14.0	18.4
1985	14.4	18.6
1990	15.0	19.0
1991	15.1	19.1
1992	15.2	19.2
1993	15.1	19.0
1994	15.3	19.0
1995	15.3	19.0
1996 ¹	15.8	19.1
1997 ¹	15.6	19.2
1998 ²	15.7	19.2
1999 ²	15.7	19.3
2000 ²	15.8	19.3
2005 ²	16.1	19.4
2010 ²	16.3	19.5
2015 ²	16.5	19.7
2020 ²	16.7	19.9
2025 ²	16.9	20.1
2030 ²	17.1	20.4
2035 ²	17.3	20.6
2040 ²	17.5	20.8
2045 ²	17.7	21.0
2050 ²	17.9	21.2
2055 ²	18.1	21.4
2060 ²	18.3	21.6
2065 ²	18.5	21.8
2070 ²	18.7	22.0

¹ Preliminary

² Estimated

NOTE: The life expectancy is the average number of years of life remaining to a person if he were to experience the age-specific mortality rates for the tabulated year throughout the remainder of his life.

SOURCE: SSA/OACT

August 1998

Deaths of Medicare Aged Enrollees Selected Calendar Years Percent by Age Group of Total Deaths



V. UTILIZATION

Information about the use of health care services.

Current and trend data measuring health care use including: (1) persons served; (2) units of service, e.g., discharges, days of care; and (3) dimension of the services rendered, e.g. length of stay, charges per day. Utilization data are distributed for program coverage categories and type of service.

HIGHLIGHTS

- o The number of aged Medicare enrollees who received a covered service increased from 528 per 1,000 in 1975 to 816 per 1,000 enrollees in 1996*
- o The number of disabled Medicare enrollees receiving services per 1,000 enrollees increased from 450 to 749 during the same period.*
- o The total number of all outpatient visits in the United States and the adjusted expense per patient day has increased steadily since 1983.*
- o The Medicare average length of stay for all short-stay and excluded units has been dropping for the past several years.*
- o The Medicare aged persons served rate per 1,000 enrollees for Medicare skilled nursing facilities has more than quadrupled from 1982 to 1996. During the same period, the home health agencies Medicare aged persons served rate per 1,000 enrollees has doubled.*

Medicare Short-Stay Hospital Utilization Selected Fiscal Years

	1985	1990	1995	1996	1997 ¹
Discharges					
Total in millions	10.5	10.5	11.7	11.7	11.8
Rate per 1,000 Enrollees ²	347	313	317	312	314
Days of Care					
Total in millions	92	94	83	78	75
Rate per 1,000 Enrollees ²	3,016	2,805	2,253	2,074	2,014
Average Length of Stay					
All short-stay	8.7	9.0	7.1	6.7	6.4
Excluded Units ³	18.8	19.5	14.9	14.0	13.4
Total Charges per Day	\$597	\$1,060	\$1,844	\$2,002	\$2,165

¹ Data as of 12/97 for fiscal year 1997 should be treated as preliminary.

² The population base is HI enrollment excluding HI enrollees residing in Foreign countries.

³ Includes alcohol/drug, psychiatric, and rehabilitation units.

NOTES: Data may reflect under reporting due to a variety of reasons including: operational difficulties experienced by intermediaries; no-pay, at-risk managed care utilization; and no-pay Medicare secondary payer bills. Average length of stay is shown in days. For all short-stay and excluded units, the 1985 data are based on a 20 percent sample of Medicare HI enrollees using the MEDPAR file. The data for 1990 through 1997 are based on 100 percent MEDPAR. Data may differ from other sources or from the same source with different update cycle.

SOURCE: HCFA/OIS

August 1998

**Medicare Short-Stay Hospital Days per Person by Days of Care
Calendar Year 1996**

Total Days of Care	Persons Using Number of Days	Percent Distribution	Cumulative Percent Distribution	Total Days Used	Percent Distribution	Days Per Person
TOTAL	7,189,980	100.0	100.0	77,192,890	100.0	10.7
1 day	532,780	7.4	7.4	1,190,915	0.7	0.7
2 days	676,450	9.4	16.8	2,936,630	1.8	2.5
3 days	747,365	10.4	27.2	4,866,870	2.9	5.4
4 days	677,025	9.4	36.6	5,823,600	3.5	8.9
5 days	568,150	7.9	44.5	5,913,675	3.7	12.6
6 days	474,995	6.6	51.1	5,683,110	3.7	16.3
7 days	410,635	5.7	56.8	5,469,275	3.7	20.0
8 days	337,225	4.7	61.5	4,729,200	3.5	23.5
9 days	279,220	3.9	65.4	3,917,880	3.3	26.8
10 days	240,460	3.3	68.7	3,406,650	3.1	29.9
11 days	207,890	2.9	71.6	2,973,080	3	32.9
12 days	181,565	2.5	74.1	2,572,800	2.8	35.7
13 days	160,370	2.2	76.3	2,315,495	2.7	38.4
14 days	146,785	2.0	78.3	2,323,510	2.7	41.1
15 days	129,305	1.8	80.1	1,959,225	2.5	43.6
16 days	114,565	1.6	81.7	1,622,160	2.4	46.0
17 days	102,715	1.4	83.1	1,434,630	2.3	48.3
18 days	91,815	1.3	84.4	1,291,230	2.1	50.4
19 days	81,340	1.1	85.5	1,147,790	2.0	52.4
20 days	74,955	1.0	86.5	1,085,000	1.9	54.3
21-30 days	476,765	6.6	93.1	7,017,000	15.3	69.6
31-40 days	215,600	3.0	96.1	2,970,830	9.7	79.3
41-50 days	110,745	1.5	97.6	1,588,605	6.5	85.8
51-60 days	59,355	0.8	98.4	926,420	4.2	90.0
61-90 days	67,690	0.9	99.3	1,153,105	6.3	96.3
91 days or more	24,215	0.3	99.6	874,205	3.8	100.1

NOTE: These data reflect total individual hospital days during the calendar year. A beneficiary may have multiple hospital stays and days from all stays are combined. Calendar year data are derived from 1996 MEDPAR stay file. This file includes stays recorded in HCFA central office through September 1997. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCES: HCFA/OSP/OIS

August 1998

Medicare Short-Stay Hospital Discharges by Length of Stay Calendar Year 1996

Total Length of Stay	Discharges (aged and disabled)			Total Days of Care		
	Number	Percent Distribution	Cumulative Percent Distribution	Number	Percent Distribution	Cumulative Percent Distribution
TOTAL	11,795,535	100.0	--	77,192,890	100.0	7.0
1 day	1,190,915	10.1	10.1	1,190,915	1.5	1.5
2 days	1,468,315	12.5	22.6	2,936,630	3.8	5.3
3 days	1,622,290	13.8	36.4	4,866,870	6.3	11.6
4 days	1,455,900	12.3	48.7	5,823,600	7.5	19.1
5 days	1,182,735	10.0	58.7	5,913,675	7.7	26.8
6 days	947,185	8.0	66.7	5,683,110	7.4	34.2
7 days	781,325	6.6	73.3	5,469,275	7.1	41.3
8 days	591,150	5.0	78.3	4,729,200	6.1	47.4
9 days	435,320	3.7	82.0	3,917,880	5.1	52.5
10 days	340,665	2.9	84.9	3,406,650	4.4	56.9
11 days	270,280	2.3	87.2	2,973,080	3.9	60.8
12 days	214,400	1.8	89.0	2,572,800	3.3	64.1
13 days	178,115	1.5	90.5	2,315,495	3.0	67.1
14 days	165,965	1.4	91.9	2,323,510	3.0	70.1
15 days	130,615	1.1	93.0	1,959,225	2.5	72.6
16 days	101,385	0.9	93.9	1,622,160	2.1	74.7
17 days	84,390	0.7	94.6	1,434,630	1.9	76.6
18 days	71,735	0.6	95.2	1,291,230	1.7	78.3
19 days	60,410	0.5	95.7	1,147,790	1.5	79.8
20 days	54,250	0.5	96.2	1,085,000	1.4	81.2
21-30 days	287,330	2.4	98.6	7,017,000	9.1	90.3
31-40 days	85,690	0.7	99.3	2,970,830	3.8	94.1
41-50 days	35,420	0.3	99.6	1,588,605	2.1	96.2
51-60 days	16,850	0.1	99.7	926,420	1.2	97.4
61-90 days	16,060	0.1	99.8	1,153,105	1.5	98.9
91 days or more	6,840	0.1	99.9	874,205	1.1	100.0

NOTES: These data reflect individual stays. A beneficiary may use more than one stay and each is counted separately. Calendar year data are derived from the 1996 MEDPAR stay file. This file includes stays recorded in HCFA central office through September 1997. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCES: HCFA/OIS/OSP

August 1998

Medicare Short-Stay Hospital DRGs Ranked by Discharges **Fiscal Year 1996**

Rank	DRG No.	DRG Relative Weight	Discharges ¹		Average Length of Stay	Average Charge Per Discharge	Total Payments (in thousands)	Total Medicare Payments (in thousands)	Beneficiary Payments ³ (in thousands)	Average Payments ⁴	
			Number	Percent						Total	Medicare Beneficiary
			11,749,394	100.0	6.7	\$13,344	\$84,424,658	\$77,880,623	\$6,544,034	\$ 7,185	\$ 6,628
1	127	1.0302	709,714	6.0	5.8	9,068	3,468,337	3,117,231	351,105	\$ 4,887	\$ 4,392
2	089	1.1211	431,389	3.7	6.6	9,540	2,225,639	1,981,782	243,857	\$ 5,159	\$ 4,594
3	014	1.2065	379,967	3.2	6.8	10,676	2,183,083	1,955,150	227,933	5,745	5,146
4	088	1.0018	361,545	3.1	5.7	8,375	1,643,618	1,453,972	189,646	4,546	4,022
5	209	2.2707	358,660	3.1	5.9	19,521	3,670,249	3,435,295	234,953	10,233	9,578
6	430	0.8670	291,270	2.5	12.7	11,588	1,852,208	1,669,700	182,507	6,359	5,732
7	174	0.9880	240,389	2.0	5.2	8,805	1,116,656	985,515	131,141	4,645	4,100
8	079	1.6625	239,592	2.0	8.6	14,198	1,862,926	1,737,695	125,232	7,775	7,253
9	182	0.7794	239,545	2.0	4.6	6,638	866,409	737,535	128,874	3,617	3,079
10	296	0.9166	233,874	2.0	5.8	7,760	1,040,940	925,619	115,321	4,451	3,958
11	416	1.4770	220,561	1.9	7.7	13,221	1,561,327	1,443,441	117,886	7,079	6,544
12	112	1.9922	219,760	1.9	4.2	20,585	2,125,586	2,015,133	110,453	9,672	9,170
13	462	1.4731	210,807	1.8	15.1	16,800	2,088,931	2,035,936	52,995	9,909	9,658
14	138	0.8049	208,938	1.8	4.2	7,042	792,033	680,155	111,879	3,791	3,255
15	320	0.9320	177,170	1.5	5.9	7,850	793,997	698,020	95,977	4,482	3,940
16	121	1.6459	167,179	1.4	6.9	14,127	1,179,054	1,089,847	89,207	7,053	6,519
17	132	0.6861	165,288	1.4	3.3	5,837	516,144	432,052	84,092	3,123	2,614
18	124	1.2933	153,518	1.3	4.6	12,254	938,304	858,498	79,806	6,112	5,592
19	148	3.3264	150,147	1.3	12.6	30,191	2,460,123	2,366,445	93,678	16,385	15,761
20	015	0.7227	146,060	1.2	4.1	6,396	497,450	409,025	88,425	3,406	2,800
21	210	1.8616	143,781	1.2	7.6	16,129	1,244,306	1,155,870	88,436	8,654	8,039
22	143	0.5159	138,235	1.2	2.4	4,675	343,457	261,524	81,933	2,485	1,892
23	140	0.6312	135,309	1.2	3.2	5,182	380,454	307,956	72,498	2,812	2,276
24	478	2.2709	127,697	1.1	7.7	21,708	1,477,170	1,410,999	66,171	11,568	11,050
25	106	5.6187	107,721	0.9	11.0	51,357	2,899,950	2,842,291	57,659	26,921	26,386

¹ Based on the stay records for 100% of Medicare aged and disabled beneficiaries as recorded in the MEDPAR file.

² Total payments represent total hospital revenue for Medicare enrollee utilization, including Medicare payments and beneficiary obligations. Excluded bills for no-pay, at-risk managed care utilization and no-pay Medicare secondary payer bills.

³ Beneficiary payments are the responsibility of the beneficiary or other third party payer.

⁴ Average payments are calculated using actual dollar amount, not rounded data as shown.

SOURCE: HCFA/OIS

August 1998

Medicare Ranking for all Short-Stay Hospitals Fiscal Year 1996 versus 1995

FY Rank		DRG Number	Descriptions
1996	1995		
1	1	127	Heart Failure and Shock
2	2	089	Simple Pneumonia and Pleurisy, Age over 17 with Complicating Conditions
3	4	014	Specific Cerebrovascular Disorders Except Transient Ischemic Attack
4	3	088	Chronic Obstructive Pulmonary Disease
5	5	209	Major Joint and Limb Reattachment Procedures
6	7	430	Psychoses
7	9	174	Gastrointestinal Hemorrhage with Complicating Conditions
8	12	079	Respiratory Infections and Inflammations, Age over 17 with Complicating Conditions
9	8	182	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complicating Conditions
10	10	296	Nutritional and Miscellaneous Metabolic Disorders, Age over 17 with Complicating Conditions
11	11	138	Cardiac Arrhythmia and Conduction Disorders, with Complicating Conditions
12	14	416	Septicemia, Age over 17
13	13	112	Vascular Procedures except Major Reconstruction, without Pump
14	15	462	Rehabilitation
15	6	140	Angina Pectoris
16	16	320	Kidney and Urinary Tract Infections, Age over 17 with Complicating Conditions
17	17	121	Circulatory Disorders with Acute Myocardial Infarction, with Cardiovascular Complications, Discharged Alive
18	18	148	Major Small and Large Bowel Procedures with Complicating Conditions
19	19	015	Transient Ischemic Attack and Precerebral Occlusions
20	20	124	Circulatory Disorders excluding Acute Myocardial Infarction, with Cardiovascular Catheter with Complex Diagnos
21	21	210	Hip and Femur Procedures except Major Joint, Age over 17 with Complicating Conditions
22	20	143	Chest Pain
23	52	132	Atherosclerosis with Complicating Conditions
24	23	478	Other Vascular Procedures with Complicating Conditions
25	27	106	Coronary Bypass with Cardiac Catheter

SOURCE: HCFA/OIS

August 1998

Medicare Leading Part B Procedure Codes Based on Allowed Charges Calendar Year 1996

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
All Procedure Codes²			
Leading Procedure Codes³			
99213	Office/outpatient evaluation and management, established patient, level 3	\$ 55,449,932,209	100.0
66984	Extracapsular cataract removal with insertion of IOL	\$ 27,655,965,738	49.8
99214	Evaluation and Management, established patient, level 4	\$2,805,447,044	5.1
99232	Subsequent hospital care, per day, evaluation and management, level 2	1,913,328,635	3.5
99233	Subsequent hospital care, per day, evaluation and management, level 2	1,764,228,666	3.2
99231	Subsequent hospital care, per day, evaluation and management, level 1	1,662,376,636	3.0
99212	Office/outpatient evaluation and management, established patient, level 2	870,272,767	1.6
99223	Initial hospital care for evaluation and management, level 3	782,734,256	1.4
99215	Office/outpatient evaluation and management, established patient, level 5	676,593,242	1.2
J9217	Leuprolide acetate, for depot suspension, 7.5MG	623,819,021	1.1
90844	Individual medical psychotherapy by a physician, (45-50 minutes)	608,246,267	1.1
88305	Level II - Surgical pathology, gross and microscopic examination	580,339,745	1.0
99254	Initial inpatient consultation for a new or established patient, level 4	497,468,497	0.9
E1403	Oxygen concentrator specified maximum flow rate > 4 liters per minute	496,277,964	0.9
99285	Emergency department evaluation and management, level 5	479,450,912	0.9
93307	Echocardiography, real-time with image documentation (2D), complete	425,860,429	0.8
92014	Ophthalmological medical exam and evaluation, comprehensive	421,619,947	0.8
99255	Initial inpatient consultations	418,477,613	0.8
E1400	Oxygen concentrator, specified maximum flow rate <2 liters per minute	392,977,972	0.7
90921	Oxygen concentrator, specified maximum flow rate > 2 liters per minute	389,240,071	0.7
99284	Emergency department evaluation and management, level 4	375,383,550	0.7
99244	Office consultation for a new or established patient, level 4	362,244,953	0.7
99238	Hospital discharge day management	362,158,461	0.7
		361,245,143	0.7
		352,114,116	0.6

Medicare Leading Part B Procedure Codes Based on Allowed Charges
Calendar Year 1996
Continued

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges
E1401	Oxygen concentrator, specified maximum flow rate > than 2 liters per minute	\$338,180,888	0.6
99312	Subsequent nursing facility care, per day, for evaluation, level 3	\$335,391,350	0.6
27447	Arthroplasty, knee, condyle and plateau	\$334,831,088	0.6
99291	Critical care, including the diagnostic and therapeutic services	\$324,683,155	0.6
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	\$315,305,888	0.6
99222	Initial hospital care, for evaluation and management, level 2	\$309,949,213	0.6
71020	Radiologic examination, chest, two views, frontal and lateral	\$308,879,061	0.6
A0360	Ambulance service, basic life support (BLS), non-emergency transport	\$307,869,992	0.6
A0330	Ambulance service, advanced life support (ALS), emergency transport	\$301,713,338	0.5
A2000	Manipulation of spine by chiropractor	\$294,813,969	0.5
93000	Electrocardiogram, complete, with at least 12 leads, interpretation & report	\$280,577,784	0.5
92012	Ophthalmological medical examination/evaluation, established patient	\$271,314,891	0.5
66821	Discission of secondary membranous cataract, laser surgery	\$251,850,490	0.5
A0370	Ambulance, emer transport, specialized services, mileage & supplies billed seperately	\$249,163,912	0.4
E0260	Hospital bed semi-electric w/ mattress & side rails	\$246,750,828	0.4
99245	Office consultation for a new or established patient, level 5	\$246,105,648	0.4
B4035	Enteral feeding supply kit; pump fed, per day	\$244,807,334	0.4
78465	Heart image (3D) multiple	\$241,773,338	0.4
99283	Emergency department evaluation and management, level 3	\$239,277,638	0.4
99311	Subsequent nursing facility care, per day, for evaluation, level 1	\$237,859,983	0.4
A0320	Ambulance service, BLS, non-emergency transport, supplies included	\$235,958,868	0.4
E0439	Stationary liquid oxygen system, rental, 10-lbs	\$222,328,754	0.4
99203	Office/outpatient visit, new, evaluation and management, low complexity	\$221,994,587	0.4
B4150	Enteral formulae category 1; semi-synthetic intact protein/protein isolates	\$218,889,096	0.4
99204	Office/outpatient visit, new, evaluation and management, moderate complexity	\$217,835,190	0.4

Medicare Leading Part B Procedure Codes Based on Allowed Charges
Calendar Year 1996
Continued

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges
93010	Electrocardiogram, interpretation and report only	\$214,107,815	0.4
99243	Office consultation, established patient, moderate severity, 40 minutes	210,776,861	0.4
45378	Colonoscopy, fiberoptic, beyond splenic flexure	210,366,991	0.4
99253	Initial inpatient consultation, new, evaluation and management	205,366,078	0.4
90843	Psychotherapy 10-30 minutes	205,256,908	0.4
43239	Upper gastrointestinal endoscopy including esophagus with biopsy	204,096,379	0.4
77430	Weekly radiation therapy management	199,815,159	0.4
A4253	Blood glucose/reagent strips for home monitor, per 50 strips	193,082,545	0.3
E1402	Oxygen concentrator, 3-4 liters per minute	184,648,229	0.3
90862	Medication management	180,522,027	0.3
45385	Colonoscopy with removal of tumor, polyp or lesion	179,928,106	0.3
A0380	Ambulance - Basic life support (bls) mileage (per mile)	179,128,174	0.3
J7620	Albuterol sulfate .083%, per ml, inhalation solution administered through DME	178,411,078	0.3
A0362	Ambulance - BLS, emergency transport mileage & disposable supplies separately billed	176,056,015	0.3
93320	Doppler echocardiography, pulsed wave and/or continuous wave	174,476,288	0.3
93510	Left heart catheterization, retrograde, from brachial, axillary or femoral artery	170,306,248	0.3
99205	Office/outpatient visit, new, moderate to high severity, 60 minutes	169,608,647	0.3

¹ Allowed charges are shown as a percent of all physician and supplier allowed charges submitted to Part B carriers.

² The total number of procedure codes is approximately 10,000.

³ Allowed charges were aggregated by procedure code. The above listed 67 procedure codes account for approximately 50% of the allowed charges.

NOTE: The AMA owns the copyright on the CPT codes and the copyright remains unaltered by the HCFA publication of CPT codes in this document. CPT codes are not public property and must always be used in compliance with copyright law.

SOURCE: HCFA/OIS

August 1998

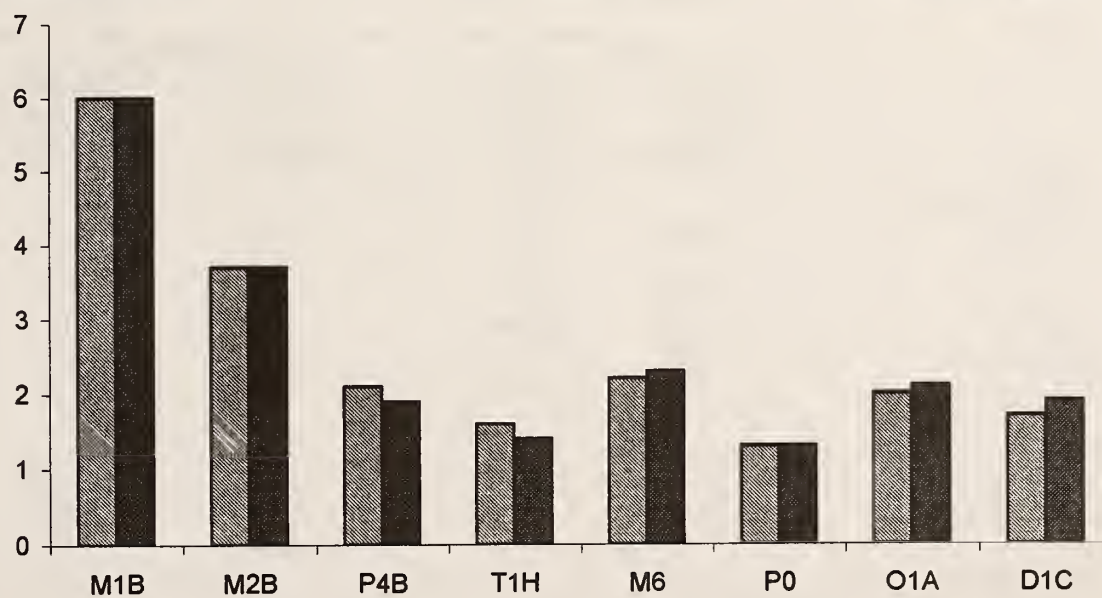
**Leading Medicare Physician and Supplier BETOS
Procedures, Based on Allowed Charges
Calendar Years 1995 and 1996**

Betos Code	Description	Medicare Allowed Charges	
		1995	1996
M1B	Office Visits - Established	\$ 6,007,268,340	\$ 6,013,180,646
M2B	Hospital Visit - Subsequent	3,734,225,496	3,727,742,849
P4B	Eye Procedure - Cataract Removal/ Lens Insertion	2,128,776,275	1,942,627,307
T1H	Lab Tests - Other (Non-Medicare Fee Schedule)	1,593,513,366	1,408,979,000
M6	Consultations	2,191,640,444	2,295,179,009
P0	Anesthesia	1,344,224,655	1,332,746,171
O1A	Ambulance	1,960,700,764	2,073,981,674
D1C	Oxygen and Supplies	1,659,475,155	1,856,054,527

NOTE: BETOS is the Berenson/Eggers Type of Service classification system, a joint Urban Institute/Health Care Financing Administration effort.

Dollars in Billions

■ 1995 ■ 1996



Betos Procedures

SOURCE: HCFA/OIS

August 1998

Medicare Persons Served Selected Calendar Years

	1975	1980	1985	1994	1995	1996
Aged Persons Served per 1,000 Enrollees						
HI and/or SMI	528	638	722	830	826	816
HI	221	240	219	217	218	216
SMI	536	652	739	861	858	848
Disabled Persons Served per 1,000 Enrollees						
HI and/or SMI	450	594	669	756	759	749
HI	219	246	228	213	212	208
SMI	471	634	715	832	837	828

NOTES: Utilization rates are based on persons receiving fee-for-service care and total persons enrolled (including members of prepaid health plans). Data for calendar year 1996 are as of December 1997. Excludes hospice.

SOURCE: HCFA/OIS

Medicare Persons Served by Type of Service Calendar Year 1996

	Aged		Disabled	
	Persons Served in thousands ¹	Served per 1,000 Enrollees	Persons Served in thousands ¹	Served per 1,000 Enrollees
Hospital and/or Supplementary Medical Insurance	27,263	816	3,476	749
Hospital Insurance	7,139	216	964	208
Inpatient Hospital	6,091	185	87	187
Skilled Nursing Facility	1,321	40	63	14
Home Health Agency	3,290	100	293	63
Supplementary				
Medical Insurance	27,113	848	3,442	828
Physician/Other Supplier	26,432	826	3,315	798
Outpatient	17,875	559	2,407	579
Home Health Agency	45	1	(²)	--

¹ Medicare enrollees who received a covered service for which Medicare Trust Fund payments were made and for which bills were received and processed in HCFA Central Office.

² Less than 500. Excludes hospice.

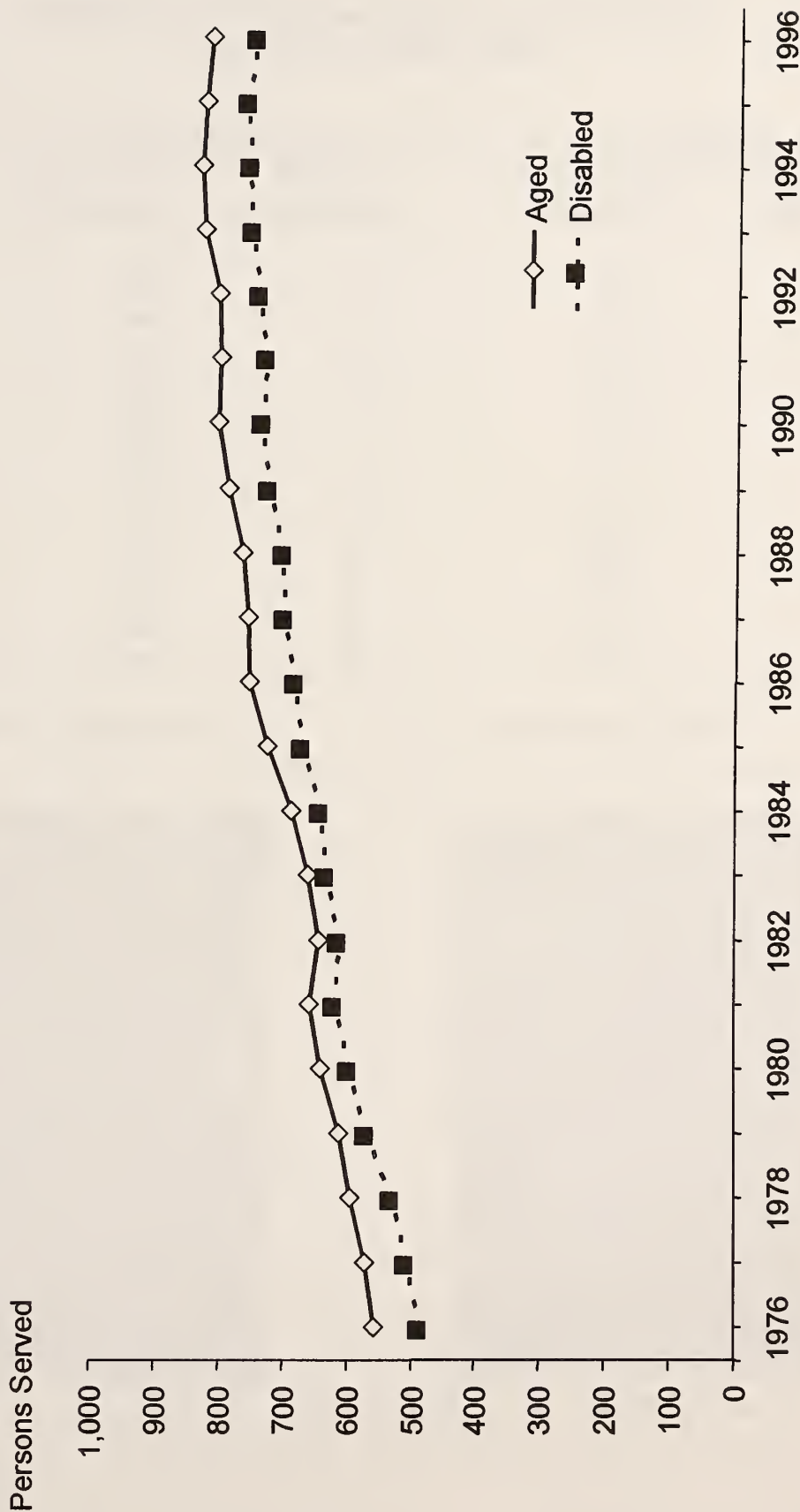
SOURCE: HCFA/OIS

August 1998

Medicare Persons Served Per 1,000 Enrollees

HI and/or SMI

Calendar Years



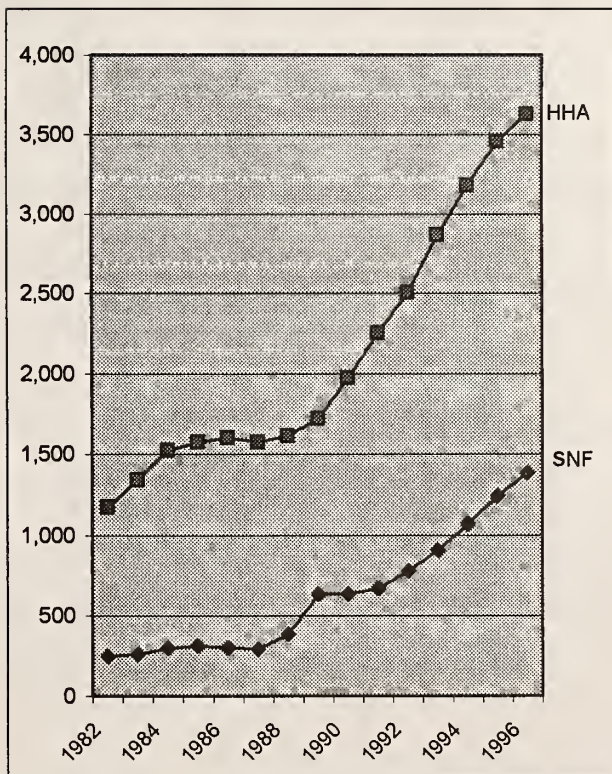
SOURCE: HCFA/OACT

August 1998

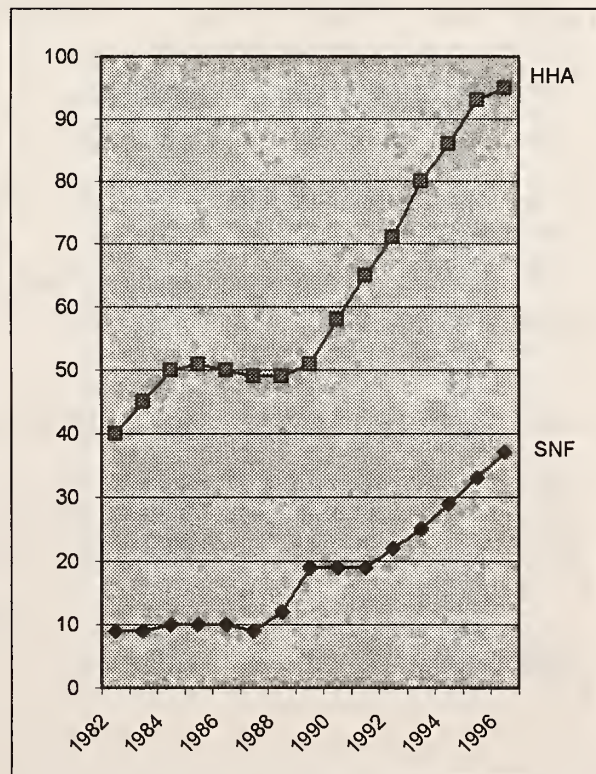
Medicare Use of Selected Types of Long Term Care Calendar Years 1982 - 1995

alendar Year	Skilled Nursing Facilities		Home Health Agencies	
	Persons Served in thousands	Rate Per 1,000 Enrollees	Persons Served in thousands	Rate Per 1,000 Enrollees
1982	252	9	1,172	40
1983	264	9	1,338	45
1984	299	10	1,522	50
1985	315	10	1,576	51
1986	304	10	1,601	50
1987	293	9	1,575	49
1988	384	12	1,613	49
1989	636	19	1,721	51
1990	638	19	1,978	58
1991	670	19	2,255	65
1992	779	22	2,504	71
1993	908	25	2,867	80
1994	1,068	29	3,176	86
1995	1,240	33	3,457	93
1996	1,384	37	3,627	95

Persons Served in Thousands



Rates Per 1000 Enrollees



**End Stage Renal Disease Care Provided by
Medicare Approved Facilities
Selected Calendar Years**

	1990	1994	1995	1996
Dialysis Patients	129,800	186,822	200,162	214,103
Outpatient	107,160	153,674	166,571	181,533
Home	22,640	33,148	33,591	32,770
Dialysis Patient Eligibility Status				
Medicare	113,127	161,235	172,261	183,588
Medicare Application Pending	9,582	14,324	11,324	12,599
Non-Medicare	7,091	11,263	16,577	17,916
Transplant Patients	9,779	11,296	11,885	12,177
Transplant Patient Eligibility Status				
Medicare	8,340	9,358	9,588	9,657
Medicare Application Pending	633	888	984	1,107
Non-Medicare	806	1,050	1,313	1,413
Transplant Procedures	9,796	11,312	11,902	12,198
Living Related Donor	2,001	2,738	2,992	3,084
Living Unrelated Donor	90	262	424	619
Cadaveric Donor	7,705	8,312	8,486	8,495
Medicare Approved ESRD Facilities	2,072	2,640	2,863	3,082
Dialysis (Hospital and Non-Hospital)	1,799	2,358	2,684	2,802
Transplant and Dialysis	169	168	163	156
Transplant Only	53	68	73	81
Inpatient Care Only	51	46	43	43
Average Dialysis Payment Rate	\$127	\$127	\$127	\$127
Hospital Based	129	129	129	129
Independents	125	125	125	125

SOURCE: HCFA/OIS

August 1998

Home Health Agency - Medicare National Summary

Calendar Year	Total Claims	Total Reimbursement	Total Visits	Average Reimbursement Per Patient	Average Visit Per Patient
1994	15,464,345	\$ 12,676,485,084	208,758,502	\$ 3,978	66
1995	17,846,501	\$ 15,421,144,186	249,583,552	\$ 4,438	72
1996	18,899,349	\$ 16,789,433,794	264,552,900	\$ 4,666	74

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

Hospice - Medicare National State Summary

Calendar Year	Total Patients	Total Reimbursement	Total Covered Days	Average Reimbursement Per Patient	Average Days Per Patient
1994	265,818	\$ 1,613,569,872	15,981,700	\$ 6,070	60
1995	309,336	\$ 1,871,871,667	18,121,139	\$ 6,051	59
1996	349,071	\$ 1,987,922,832	18,798,529	\$ 5,695	54

NOTE: Data include Puerto Rico.

Skilled Nursing Facilities - Medicare National Summary

Calendar Year	Total Discharges	Total Reimbursement	Total Covered Days	Average Reimbursement Per Discharge	Average Days Per Discharge
1994	1,023,728	\$ 5,842,863,775	35,789,088	\$ 5,707	35
1995	1,228,799	\$ 7,554,671,662	40,591,637	\$ 6,148	33
1996	1,318,006	\$ 9,349,907,163	44,638,581	\$ 6,595	31

NOTE: Data include Puerto Rico, Virgin Islands, and unknown. Data does not include swing bed units.

Outpatient - Medicare National Summary

Calendar Year	Total Patients	Total Charges	Total Payments	Average Charge Per Patient	Average Payment Per Patient
1994	19501582	\$ 39,250,174,247	\$ 13,484,199,551	\$ 2,013	\$ 691
1995	20210505	\$ 44,251,581,293	\$ 14,997,423,307	\$ 2,190	\$ 742
1996	20650575	\$ 48,904,726,580	\$ 16,342,864,313	\$ 2,368	\$ 791

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

SOURCE: HCFA/OIS

August 1998

**Medicaid Recipients by Type of Service
Fiscal Years 1994 - 1996**

	1994	1995	1996
Numbers in thousands			
Total	35,053	36,282	36,118
Inpatient Services			
General Hospitals	5,866	5,561	5,361
Mental Hospitals	85	84	93
Skilled Nursing Facilities ¹	1,639	1,667	1,594
ICF Services			
Mentally Retarded	159	151	140
Physician Services	24,267	23,789	22,861
Dental Services	6,352	6,383	6,208
Other Practitioner Services	5,409	5,528	5,343
Outpatient Hospital Services	16,567	16,712	15,905
Clinic Services	5,258	5,322	5,070
Laboratory & Radiological	13,412	13,064	12,607
Home Health Services	1,293	1,639	1,727
Prescribed Drugs	24,471	23,723	22,585
Family Planning Services	2,566	2,501	2,366
Early and Periodic Screening	6,456	6,612	6,589
Rural Health Clinics	945	1,242	1,407
Other Care	9,908	11,416	13,108

¹Skilled nursing facility recipients include individuals other than the mentally retarded receiving "all other" intermediate care facility services.

SOURCE: HCFA/CMSO

**Medicaid Units of Service ¹
Fiscal Years 1995 and 1996**

	1995	1996
Units in thousands		
General Hospital		
Total Discharges	5,166	4,802
Recipients Discharged	3,743	3,419
Total Days of Care	25,711	23,755
Nursing Facility Services ²		
Total Recipients	1,667	1,594
Total Days of Care	400,123	421,484
Intermediate Care Facility for the Mentally Retarded		
Total Recipients	151	140
Total Days of Care	56,878	57,290

¹ The data for units of services are not based on all jurisdictions.

² Nursing facilities include skilled nursing facility and intermediate care facility services for all providers for other than the mentally retarded.

Note: Data not available for home health visits, rural health clinic visits, physician visits, and drug prescriptions.

SOURCE: HCFA/CMSO

August 1998

**National Community Hospital Utilization
1973 - 1996**

Year	Admissions in millions	Inpatient Days in millions	Average Stay in days	Outpatient Visits in millions	Adjusted Expenses per Patient Day
1973	31.7	248	7.8	173	\$102
1974	32.9	255	7.8	189	114
1975	33.4	258	7.7	191	134
1976	34.0	261	7.7	201	153
1977	34.3	261	7.6	199	174
1978	34.5	262	7.6	202	194
1979	35.1	265	7.6	199	217
1980	36.1	273	7.6	202	245
1981	36.4	278	7.6	203	284
1982	36.4	278	7.6	248	327
1983	36.2	273	7.6	210	369
1984	35.2	257	7.3	212	411
1985	33.4	237	7.1	219	460
1986	32.4	229	7.1	232	501
1987	31.6	227	7.2	246	539
1988	31.5	227	7.2	269	586
1989	31.1	225	7.2	286	637
1990	31.2	226	7.2	301	687
1991	31.1	223	7.2	322	752
1992	31.0	221	7.1	349	820
1993	30.7	216	7.0	367	881
1994	31.1	210	6.8	408	935
1995	30.9	204	6.5	446	993
1996	31.1	194	6.2	440	1,076

SOURCE: American Hospital Association

August 1998

VI. PROVIDERS/SUPPLIERS

Information in this section concerns institutions, agencies or professionals who provide health care services and furnish health care equipment or supplies. Medicare and Medicaid providers are combined in this section since Medicare providers are deemed certified for the Medicaid program. Additional information on providers of services are contained in STATE DATA (Section VIII).

HIGHLIGHTS

- o From 1975 to 1997, the number of inpatient hospital facilities decreased almost 7.1 percent from 6,773 to 6,293. Beds per 1,000 enrollees dropped from 51.7 in 1975 to 27.0 in 1997. During this same period, the number of psychiatric hospitals increased from 385 to 654, but their beds per 1,000 enrollees dropped from 9.0 to 2.2.*
- o Skilled nursing facilities more than doubled from 5,295 in 1975 to 14,860 in 1997. Home health agencies increased over fourfold from 2,242 in 1975 to 10,807 in 1997.*
- o The number of ambulatory surgical centers increased over sixfold from 336 in 1985 to 2,480 in 1997. During this same period the number of hospices increased from 164 to 2,344.*
- o As of May 1988, 164,054 facilities had registered under the Clinical Lab Improvement Act which became effective 10/1/92.*
- o End-Stage Renal Disease facilities more than tripled from 999 in 1980 to 3,367 in 1997.*
- o The percent of Medicare assigned claims (51.9 percent in 1975) continues to increase, from 95.6 percent in 1996 to 96.5 percent in 1997.*
- o As of January 1997, enrollment in the Medicare participating physician program was 80.2 percent. By January 1998, the enrollment was 82.8 percent.*
- o As of March 1985, Medicare had 154 HMO/CMP plans with 1.1 million enrollees. By January 1998, there were 426 Managed Care plans with 6.0 million enrollees.*

Medicare Hospital Status 1998

Total Hospitals	6,190
Hospitals under PPS	5,032
Hospitals Receiving Special Consideration:	1,134
Regional Referral Centers ¹	145
Sole Community Hospitals	637
Medicare Dependent Hospitals	352
Non-PPS Hospitals	1,158
Categorically Exempt:	1,099
Psychiatric	612
Rehabilitation	197
Christian Science	20
Childrens	70
Other Long Term	200
Short-Stay Hospitals in Waiver State (Maryland)	50
Cancer Hospitals	9
Total Excluded Units	2,404
Psychiatric	1,512
Rehabilitation	892

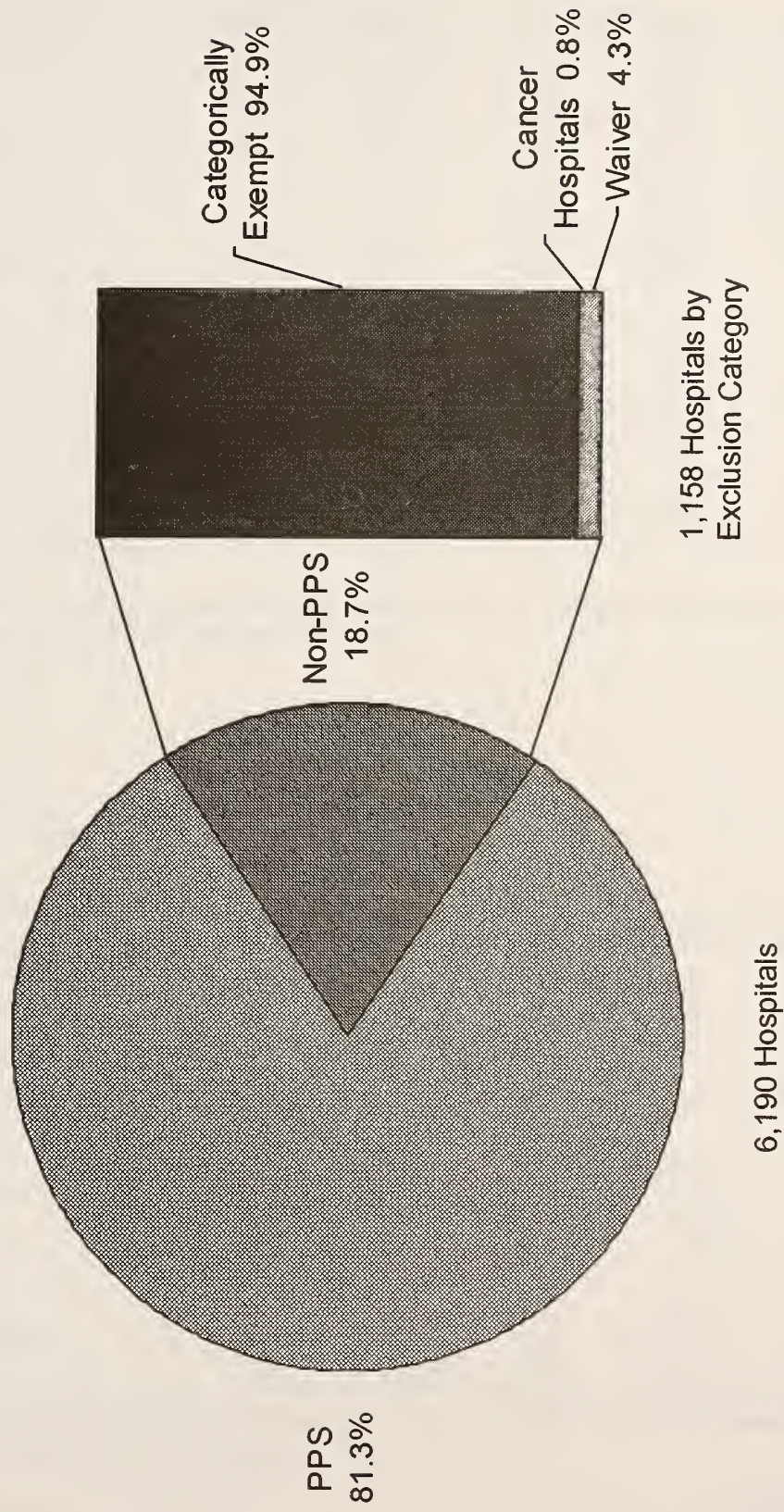
¹ Certain centers no longer meet the necessary criteria established for RRCs.

NOTE: Data as of May.

SOURCES: HCFA/CMSO/OCSQ/OIS

August 1998

Medicare Participating Hospitals by PPS Status and Exclusion Category 1998



Medicare Inpatient Hospitals Selected Years

	1980	1985	1990	1996	1997
Total Hospitals	6,777	6,707	6,520	6,273	6,293
Beds in thousands	1,150	1,144	1,105	1,038	1,037
Beds per 1,000 Enrollees ¹	46.7	42.5	37.0	31.6	27.0
Short-Stay	6,104	6,034	5,549	5,185	5,165
Beds in thousands	991	1,027	970	912	910
Beds per 1,000 Enrollees ¹	40.2	38.2	32.5	27.8	23.9
Psychiatric	408	474	674	646	654
Beds in thousands	131	95	99	83	83
Beds per 1,000 Enrollees ¹	5.3	3.5	3.3	2.5	2.2
Other Long-Stay	265	199	297	442	474
Beds in thousands	28	22	35	44	45
Beds per 1,000 Enrollees ¹	1.1	0.8	1.2	1.3	1.2

¹ Based on number of aged HI enrollees.

NOTES: Facility data are as of July 1, except 1997 data which are as of December 1997. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCES: HCFA/OSP/OIS

Other Medicare Providers and Suppliers Selected Years

	1975	1980	1985	1990	1997
Skilled Nursing Facilities	5,295	5,052	6,451	8,937	14,860
Beds in thousands	287	436	NA	509	685
Home Health Agencies	2,242	2,924	5,679	5,730	10,807
Clinical Lab Improvement Act Facilities	NA	NA	NA	NA	164,054
End Stage Renal Disease Facilities	NA	999	1,393	1,937	3,367
Outpatient Physical Therapy	117	419	854	1,195	2,758
Portable X-Ray	132	216	308	443	656
Rural Health Clinics	NA	391	428	551	3,673
Comprehensive Outpatient Rehabilitation Facilities	NA	NA	72	186	531
Ambulatory Surgical Centers	NA	NA	336	1,197	2,480
Hospices	NA	NA	164	825	2,344

NOTES: Facility data for selected years 1975-1990 are as of July 1. Facility data for 1997 are as of December 1996. NA indicates data are not available.

SOURCES: HCFA/OSP/OIS

August 1998

Select Medicare Facilities by Type of Control 1997

	Short Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	6,165	14,860	10,807
Percent Distribution			
Nonprofit	58.3	28.1	28.9
Proprietary	13.2	66.3	58.2
Government	28.5	5.6	12.9

NOTES: Data as of December 1997. Facilities certified for Medicare are deemed to meet Medicaid standards. Percent distribution may not add to 100 percent due to rounding.

SOURCES: HCFA/OSP/OIS

Medicare PIP Facilities Selected Years

	1975	1980	1985	1990	1995	1996	1997
Hospitals							
Number of PIP	1,524	2,276	3,242	1,352	1,221	1,134	1,029
Percent of Total Participating	22.5	33.8	48.3	20.6	19.2	18.0	16.4
Skilled Nursing Facilities							
Number of PIP	161	203	224	774	1,403	1,354	1,388
Percent of Total Participating	4.1	3.9	3.4	7.3	11.5	9.6	9.3
Home Health Agencies							
Number of PIP	86	481	931	1,211	1,601	1,515	1,366
Percent of Total Participating	3.8	16.0	16.0	21.0	17.4	15.6	12.6

NOTES: Data from 1985 to date are as of September; prior years are as of December. These are facilities receiving periodic interim payments (PIP) under Medicare. Effective for claims received on or after July 1, 1987, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for many PPS hospitals when the servicing intermediary meets specified processing time standards.

SOURCES: HCFA/OFM/OIS

August 1998

Medicare Participating Physician Program

Participation Status January 1, 1998	Number of Physicians	Participation Status			
		January 1998	January 1997	January 1996	January 1995
Participating	720,960	82.8% ¹	80.2%	77.5%	72.3%
Billing Medicare	870,768				

¹ Includes M.D.s, D.O.s, limited license practitioners, and non-physician practitioners.

NOTES: The participating physician program was originally enacted as a part of the 1984 Deficit Reduction Act (DEFRA). Congress provided additional incentives through the 1986 Omnibus Budget Reconciliation Act (OBRA). HCFA wrote to physicians to explain the benefits of participation beginning January 1, 1989. Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in private practice but not in his group practice is counted as participating.

SOURCE: HCFA/OFM

Medicare Assigned Claims Selected Fiscal Years

Fiscal Year	Net Assignment Rate ¹
1975	51.9
1980	51.4
1985	67.7
1990	80.9
1991	82.5
1992	85.4
1993	89.2
1994	92.1
1995	94.2
1996	95.6
1997	96.5

¹ The net assignment rate is the percentage of assigned claims to total assigned/unassigned claims received. If a physician or supplier agrees to accept assignment, he or she agrees not to charge more than the Medicare approved fee for a particular service.

SOURCE: HCFA/CHPP

August 1998

Participation Rates as Percentage of Physicians, by Specialty Selected Periods

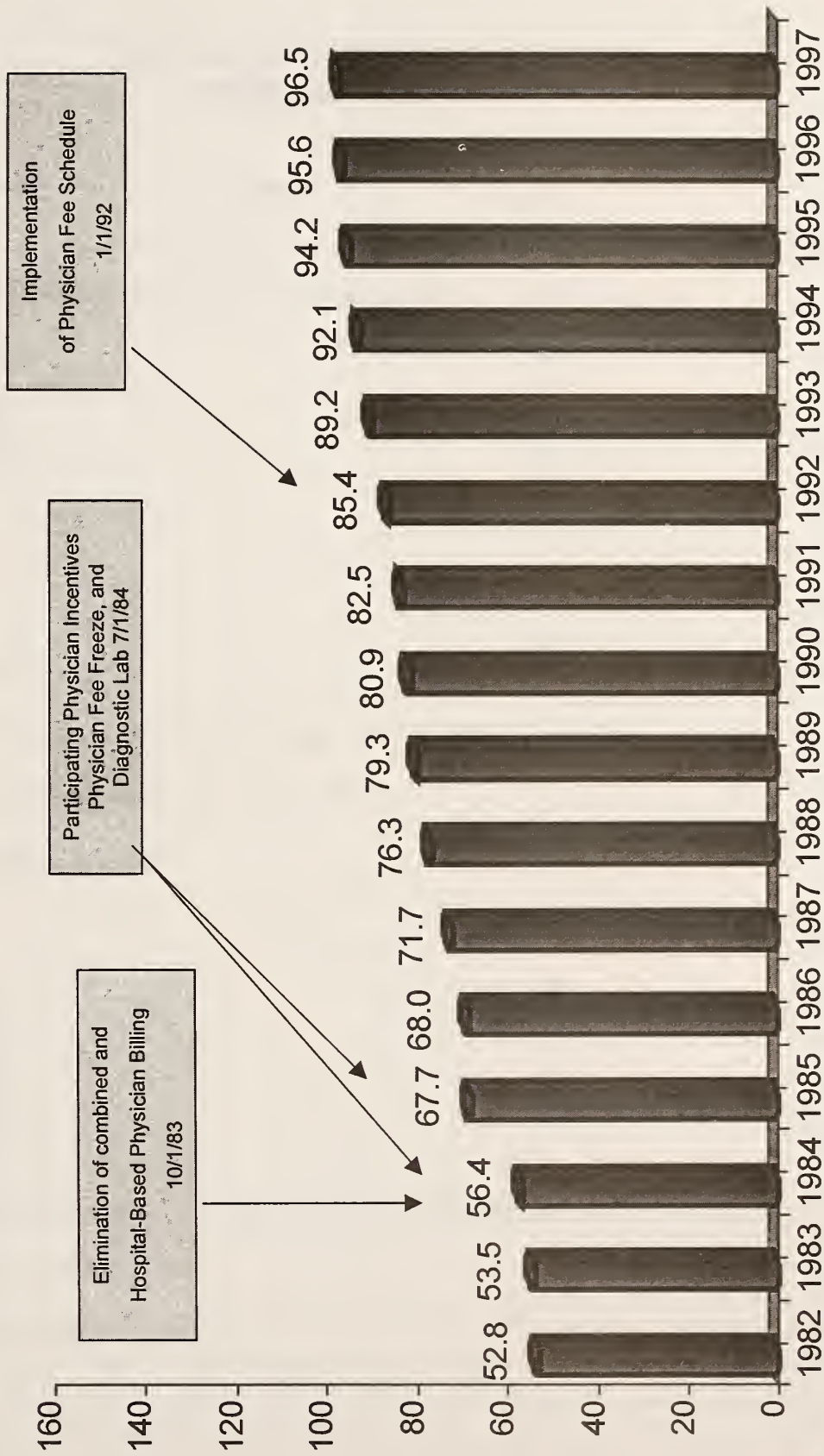
	Oct. 1985	Apr. 1990	Jan. 1994	Jan. 1995	Jan. 1996	Jan. 1997	Jan. 1998
	Apr. 1986	Dec. 1990	Dec. 1994	Dec. 1995	Dec. 1996	Dec. 1997	Dec. 1998
Percent of Physicians Participating							
Physicians (M.D.s and D.O.s):							
General practice	27.3	39.7	59.1	59.9	66.3	69.2	71.1
General surgery	33.9	55.8	77.6	80.2	85.8	87.8	89.3
Otology, laryngology, rhinology	24.6	45.2	72.2	77.1	82.6	85.8	87.7
Anesthesiology	21.1	30.8	71.5	73.9	81.0	83.5	85.9
Cardiovascular disease	35.6	60.6	82.5	84.9	88.3	90.2	91.5
Dermatology	34.0	53.4	75.8	79.3	83.6	85.4	87.2
Family practice	25.5	47.2	71.3	74.5	81.4	84.0	85.9
Internal medicine	32.5	48.8	71.0	73.8	79.8	82.2	84.8
Neurology	34.8	53.1	76.4	78.9	84.1	85.8	87.1
Obstetrics-gynecology	29.1	48.8	69.9	72.5	77.3	79.5	81.3
Ophthalmology	27.3	55.6	78.3	81.2	86.2	87.9	89.8
Orthopedic surgery	29.0	53.7	79.2	82.6	86.8	88.7	90.4
Pathology	39.6	53.4	76.8	78.9	83.1	85.0	86.6
Psychiatry	30.0	41.6	57.8	58.7	64.6	67.6	70.4
Radiology	41.3	55.6	78.6	82.8	84.9	87.0	88.3
Urology	27.8	49.6	78.6	83.0	87.3	89.3	90.6
Nephrology	50.8	66.5	84.3	87.0	90.0	90.6	91.3
Clinic or other group practice - not GPPP	33.8	68.7	80.5	79.4	84.5	87.8	90.1
Limited license practitioners (LLP):							
Chiropractor	25.4	26.2	39.8	42.6	47.3	51.0	54.3
Podiatry-surgical chiropody	38.2	54.0	75.3	79.2	83.3	86.0	87.9
Optometrist	44.0	54.0	65.6	66.9	70.3	72.2	74.7

NOTE: Effective with the October 1, 1985 election period, carriers were instructed to count individuals only once, even if practicing in multiple settings.

SOURCE: HCFA/OFM

August 1998

Medicare Physician/Supplier Net Assignment Rates Fiscal Years 1982-1997



Medicare Benefit and Premium Summary

TEFRA Risk HMOs and CMPs

	Number of Plans	Percent
--	--------------------	---------

Plans whose basic option package offers additional benefits in specified categories

Routine Physicals	326	97
Immunization	303	90
Health Education	128	38
Outpatient Drugs	226	67
Foot Care	101	30
Eye Exams	280	83
Lenses	2	0.6
Ear Exams	243	72
Hearing Aids	2	0.6
Dental	124	37
Outpatient Mental Health	NA	NA

Plans Charging Copayments for Basic Package: 312 Yes (93%), 25 No (7%)

Plans Offering High Option Package: 172 Yes (51%)

Distribution of Basic Premiums

Range

\$0	235	70
\$0.01 - \$19.99	15	4
\$20.00 - \$39.99	43	13
\$40.00 - \$59.99	23	7
\$60.00 - \$79.99	18	5
\$80.00 And Above	1	0.3

Average Basic Premium = \$11.42 Highest Basic Premium = \$110.00

NOTE: Data as of August 1998.

SOURCE: HCFA/CHPP

August 1998

Medicare Enrollment and Payment Summary for HMOs and CMPs

Type of Contract	Number of Contracts	Number of Enrollees	Payment FY 1998 to Date in millions
Total	426	6,002,690	\$10,036.8
TEFRA Risk ¹	322	5,328,308	\$9,482.0
Demos	25	93,645	\$188.2
TEFRA Cost ²	35	208,120	\$154.8
HCPP Part B ³	44	372,617	\$211.8

¹ Includes 22 contracts which have been signed, but for which no payment has been made for January 1998.

² Includes two plans with TEFRA risk contracts which have enrollees still being paid under the cost methods.

³ Includes enrollment from 10 HCPPs which have signed risk contracts.

NOTES: Data through January 1998. Data for fiscal year payment includes current month.

SOURCE: HCFA/CHPP

Medicare Prepaid Plan and Enrollment Summary 1985 versus 1998

	Pre-TEFRA ¹		Post-TEFRA ²	
	Number of Plans	Number of Enrollees	Number of Plans	Number of Enrollees
Total Prepaid	154	1,076,115	426	6,002,690
HCPPs and GPPPs	46	612,131	44	372,617
Total HMOs	108	463,984	382	5,630,073
TEFRA Risk	NA	NA	322	5,328,308
Old Risk	4	37,353	0	0
Cost Basis	65	116,608	35	208,120
DEMO	39	310,023	25	93,645

¹ Data as of March 1985.

² Data as of January 1998.

SOURCE: HCFA/CHPP

August 1998

Medicare Summary of Monthly Risk Contracts

Date	Number of Contracts	Total Enrollees	Monthly Payment in millions
1995			
January	154	2,339,592	\$972.7
February	157	2,398,475	993.3
March	162	2,439,503	1,006.6
April	163	2,539,998	1,034.8
May	165	2,608,408	1,088.5
June	164	2,674,095	1,103.3
July	167	2,755,835	1,115.2
August	171	2,826,947	1,113.0
September	176	2,906,932	1,186.0
October	181	2,968,791	1,193.6
November	182	3,030,159	1,237.5
December	183	3,089,259	1,268.5
1996			
January	191	3,194,656	1,407.1
February	195	3,293,220	1,443.4
March	200	3,375,804	1,477.0
April	202	3,465,916	1,523.0
May	211	3,559,270	1,563.1
June	219	3,635,912	1,608.4
July	226	3,716,393	1,626.8
August	231	3,804,611	1,658.0
September	236	3,882,502	1,705.5
October	238	3,961,187	1,813.5
November	239	4,058,042	1,679.4
December	241	4,115,293	1,792.6
1997			
January	248	4,230,113	1,889.6
February	258	4,327,617	2,017.1
March	265	4,410,692	2,012.4
April	276	4,505,593	2,067.8
May	280	4,611,833	2,118.5
June	283	4,700,386	2,145.8
July	287	4,791,597	2,187.1
August	292	4,884,175	2,141.4
September	303	4,965,255	2,251.7
October	307	5,049,296	2,299.5
November	307	5,129,177	2,332.8
December	307	5,211,339	2,368.8

SOURCE: HCFA/CHPP

August 1998

Medicare Summary of Risk and Cost Contracts by Category

Type of Contract	Number of Contracts	Percent	Number of Enrollees	Percent
TEFRA Risk Contracts				
Model				
IPA	222	69	3,534,581	66
Group	80	25	1,148,605	22
Staff	19	6	644,826	12
Ownership				
Profit	230	71	3,681,100	69
Nonprofit	92	29	1,647,208	31
TEFRA Cost Contracts ¹				
Model				
IPA	14	40	146,853	75
Group	11	31	25,967	13
Staff	10	29	23,540	12
Ownership				
Profit	9	25	21,123	10
Nonprofit	27	75	184,014	90

¹ Does not include cost enrollees remaining in risk plans.

NOTES: Data as of January 1998. IPA is the Individual Practice Association.

SOURCE: HCFA/CHPP

August 1998

Active Physicians

Year	Total	Type of Physician		Active Physicians per 10,000 Population
		Doctors of Medicine	Doctors of Osteopathy	
1970	323,525	310,929	12,596	15.7
1971	334,978	322,228	12,750	16.1
1972	346,179	333,259	12,920	16.5
1973	NA	NA	13,191	NA
1974	364,232	350,609	13,623	17.0
1975	380,402	366,425	13,977	17.6
1976	393,151	378,572	14,579	18.0
1977	397,113	381,969	15,144	18.0
1978	417,314	401,364	15,950	18.7
1979	434,095	417,266	16,829	19.2
1980	435,165	435,545	17,620	19.8
1981	463,330	444,899	18,431	20.1
1982	482,195	462,947	19,248	20.7
1983	499,679	479,440	20,239	21.3
1984	NA	NA	21,295	NA
1985	533,573	511,090	22,483	22.3
1986	543,247	519,393	23,854	22.5
1987	559,777	534,692	25,085	23.0
1988	575,626	549,160	26,466	23.4
1989	587,751	559,988	27,763	23.7
1990	601,612	572,660	28,952	24.0
1991	624,797	594,697	30,100	24.6
1992	636,891	605,685	31,206	24.8
1993	652,240	619,751	32,489	24.9
1994	666,200	632,121	34,079	25.2
1995	681,742	646,022	35,720	25.5
1996	701,249	663,943	37,306	26.0

NOTES: The AMA changed the methodology for calculating active MDs. Active MDs now include All Not Classified MDs, and excludes physicians whose addresses are unknown. Projections are not available for the outyears.

SOURCES: HRSA/Bureau of Health Professions and Bureau of the Census

August 1998

**Ratio of Non-Federal Physicians
Involved in Patient Care
per 100,000 Civilian Population
1995**

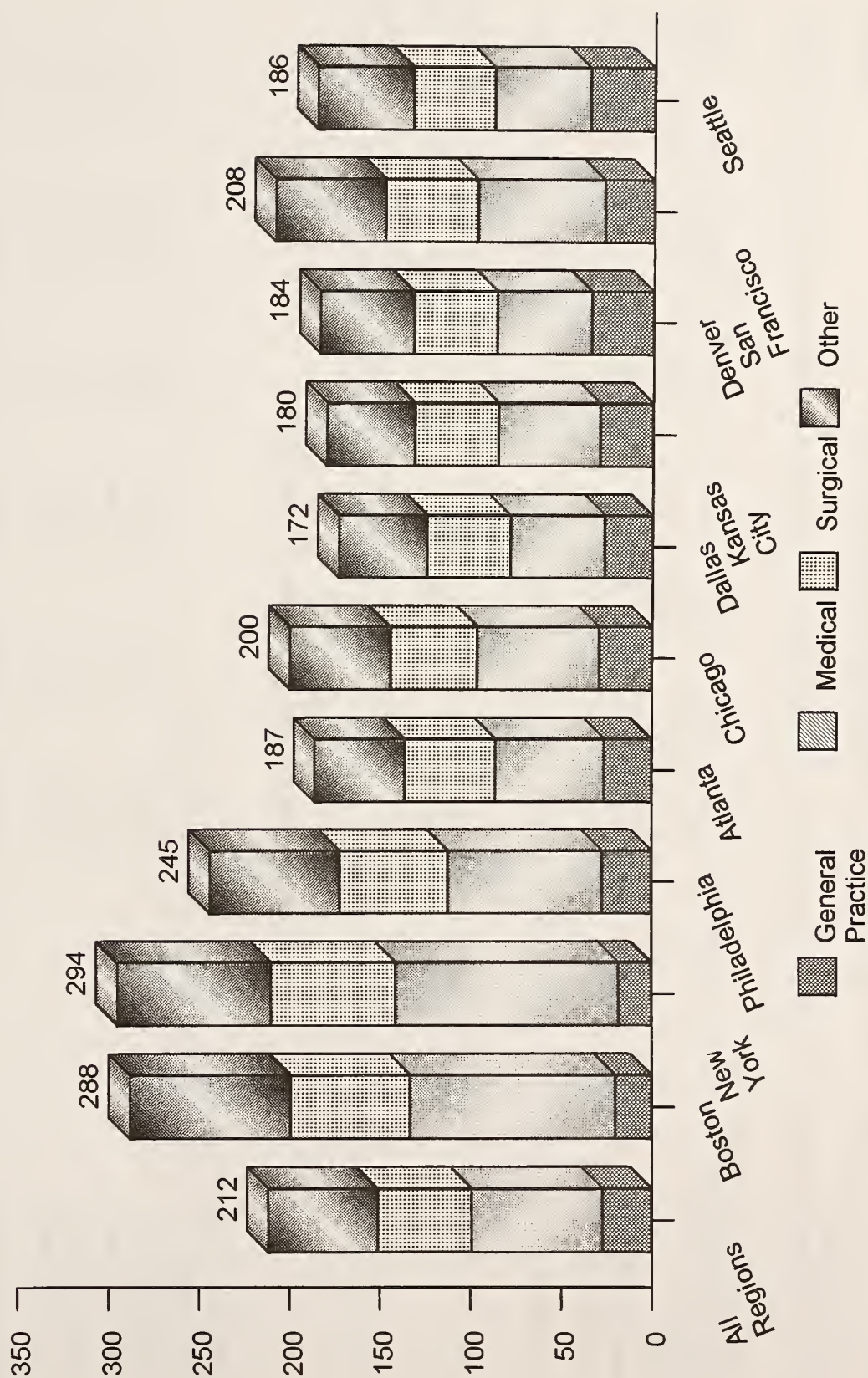
HCFA Region	Ratio	Index
Total	212	1.00
Boston	288	1.36
New York	294	1.39
Philadelphia	245	1.16
Atlanta	187	0.88
Chicago	200	0.94
Dallas	172	0.81
Kansas City	180	0.85
Denver	184	0.87
San Francisco	208	0.98
Seattle	186	0.88

NOTES: Physician data exclude those physicians whose addresses are unknown. Civilian population data for Puerto Rico, Virgin Islands, and Pacific Islands are not included.

SOURCES: American Medical Association and Bureau of the Census

August 1998

Ratio of Non-Federal Physicians Involved in Patient Care per 100,000 Civilian Population 1995



	April 1991		January 1997		January 1998	
	Number	Percent	Number	Percent	Number	Percent
Active in Patient Care	583,229	100.0	782,887	100.0	766,844	100.0
Medical Specialties	132,204	22.7	155,937	19.9	159,321	20.8
Surgical Specialties	153,229	26.3	151,042	19.3	147,739	19.3
Other Specialties	196,991	33.8	377,309	48.2	360,881	47.1
General Practice	100,798	17.3	98,544	12.6	98,903	12.9

SOURCES: HCFA/OIS/OSP

	Mean Net Income ¹	Mean Total Expenses	Expenses						Percent Distribution
			Total	Non- Physician Payroll	Office	Medical Supplies	Professional Liability Expenses	Medical Equipment	
All Physicians	\$199.0	\$217.6	100.0	34.8	23.8	9.3	6.5	3.9	21.8
Specialty									
General/Family Practice	139.1	210.7	100.0	41.9	23.7	9.4	4.0	2.6	18.4
Internal Medicine	185.7	192.2	100.0	37.4	25.8	11.6	4.6	3.4	17.2
Surgery	275.2	307.2	100.0	32.5	25.0	9.4	7.1	5.0	21.1
Pediatrics	140.6	212.4	100.0	33.9	26.0	16.2	3.9	2.1	17.8
Obstetrics/Gynecology	231.0	267.1	100.0	38.0	24.0	7.5	13.2	3.5	13.8

NOTE: The data for categories "Mean Net Income" and "Mean Total Expenses" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, *Socioeconomic Characteristics of Medical Practice*, 1996.

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**Physician Income and Expenses
1986 - 1996**

Year	Mean Net Income ¹	Mean Total Expenses	Expenses						
			Total	Non- Physician Payroll	Office	Medical Supplier	Professional Liability Expenses	Medical Equipment	Other
		in thousands	Percent Distribution						
1986	\$119.5	\$118.4	100.0	32.8	24.1	11.1	10.8	5.9	15.3
1987	132.3	123.7	100.0	34.4	24.3	10.9	12.1	5.3	13.1
1988	144.7	140.8	100.0	34.4	24.1	10.3	11.3	4.9	15.0
1989	155.8	148.4	100.0	35.5	22.4	11.5	10.4	5.1	15.0
1990	164.3	150.0	100.0	36.3	22.5	11.0	9.7	5.1	15.5
1991	170.6	168.4	100.0	36.4	23.3	10.9	8.8	5.3	15.3
1992	177.4	179.0	100.0	36.9	23.7	9.0	7.5	4.1	18.7
1993	189.3	182.2	100.0	38.3	23.5	9.1	7.9	4.8	16.3
1994	182.4	183.1	100.0	38.9	26.0	10.5	8.2	4.6	11.7
1995	195.5	201.6	100.0	36.0	28.3	10.1	7.4	5.1	13.0
1996	199.0	217.6	100.0	34.8	23.8	9.3	6.5	3.9	21.8

¹ After expenses, before taxes.

NOTE: The data for categories "Mean Net Income" and "Mean Total Expenses" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 1997/8.

August 1998

Medicare Physician Registry by Specialty

Specialty ¹	April 1991		January 1997		January 1998	
	Number	Percent	Number	Percent	Number	Percent
General Practice	53,658	9.2	36,888	4.7	34,156	4.5
General Surgery	28,524	4.9	26,979	3.4	26,651	3.5
Allergy/Immunology	2,461	0.4	3,043	0.4	3,078	0.4
Otolaryngology (ENT)	7,419	1.3	8,543	1.1	8,680	1.1
Anesthesiology	23,783	4.1	30,720	3.9	31,955	4.2
Cardiology	13,497	2.3	16,705	2.1	17,282	2.3
Dermatology	6,727	1.2	8,108	1.0	8,368	1.1
Family Practice	47,140	8.1	61,656	7.9	64,747	8.4
Gastroenterology	4,886	0.8	7,469	1.0	7,753	1.0
Internal Medicine	78,711	13.5	84,989	10.9	87,968	11.5
Osteopathic Manipulative Therapy	1,082	0.2	853	0.1	824	0.1
Neurology	7,542	1.3	9,766	1.2	10,097	1.3
Neurosurgery	3,500	0.6	4,061	0.5	4,107	0.5
Obstetrics-Gynecology	29,230	5.0	33,441	4.3	33,852	4.4
Ophthalmology	15,219	2.6	17,105	2.2	17,365	2.3
Oral Surgery/Dentists only	34,237	5.9	27,390	3.5	22,886	3.0
Orthopedic Surgery	16,852	2.9	19,974	2.6	20,435	2.7
Pathology	10,072	1.7	12,499	1.6	12,587	1.6
Plastic/reconstructive Surgery	3,960	0.7	4,876	0.6	5,015	0.7
Physical Med and Rehab	3,278	0.6	4,994	0.6	5,294	0.7
Psychiatry	30,505	5.2	36,231	4.6	36,225	4.7
Colorectal Surgery (proctology)	625	0.1	689	0.1	700	0.1
Pulmonary Disease	3,956	0.7	5,639	0.7	5,774	0.8
Radiology	23,269	4.0	25,962	3.3	26,508	3.5
Thoracic Surgery	3,876	0.7	3,095	0.4	3,078	0.4
Urology	8,491	1.5	9,246	1.2	9,340	1.2
Chiropractor	39,992	6.9	48,908	6.2	50,263	6.6
Nuclear Medicine	463	0.1	792	0.1	807	0.1
Pediatrics	21,965	3.8	29,984	3.8	29,098	3.8
Geriatrics	205	0.0	729	0.1	767	0.1
Nephrology	2,345	0.4	3,607	0.5	3,817	0.5
Hand Surgery	212	0.0	453	0.1	461	0.1
Optometry	22,829	3.9	28,708	3.7	28,884	3.8
Certified Nurse Midwife	--	--	1,192	0.2	1,507	0.2
CRNA, Anesthesia Assistant	--	--	17,307	2.2	19,144	2.5
Infectious Disease	353	0.1	2,213	0.3	2,363	0.3
Endocrinology ²	--	--	2,151	0.3	2,273	0.3
Podiatry	14,367	2.5	14,414	1.8	14,528	1.9

Medicare Physician Registry by Specialty **continued**

Specialty ¹	April 1991		January 1997		January 1998	
	Number	Percent	Number	Percent	Number	Percent
Ambulatory Surgical Center (formerly Misc)	897	0.2	161	0.0	117	0.0
Nurse Practitioner	--	--	3,765	0.5	6,360	0.8
Psychologist/billing independently	--	--	4,962	0.6	3,864	0.5
Audiologist/billing independently	--	--	2,517	0.3	2,910	0.4
Physical Therapist	--	--	5,532	0.7	5,815	0.8
Rheumatology ²	--	--	2,088	0.3	2,218	0.3
Clinic multispec W/O GPP	16,050	2.8	778	0.1	336	0.0
Periph. Vascular Disease ²	220	0.0	205	0.0	201	0.0
Vascular Surgery ²	--	--	1,050	0.1	1,135	0.1
Cardiac Surgery ²	--	--	947	0.1	1,031	0.1
Addiction Medicine ²	--	--	136	0.0	137	0.0
Clinical Social Worker	--	--	40,125	5.1	42,482	5.5
Critical Care Intensivists ²	--	--	608	0.1	632	0.1
Hematology ²	--	--	378	0.0	419	0.1
Hematology/Oncology ²	--	--	3,542	0.5	3,732	0.5
Preventive Medicine ²	--	--	284	0.0	299	0.0
Maxillofacial Surgery ²	--	--	1,157	0.1	1,260	0.2
Neuropsychiatry ²	249	0.0	242	0.0	220	0.0
Certified Clinical Nurse	--	--	535	0.1	905	0.1
Medical Oncology ²	--	--	1,222	0.2	1,356	0.2
Surgical Oncology ²	--	--	268	0.0	259	0.0
Radiation Oncology ²	38	0.0	2,096	0.3	2,326	0.3
Emergency Medicine ²	--	--	19,329	2.5	21,497	2.8
Interventional Radiology ²	--	--	634	0.1	665	0.1
Physician Assistant	--	--	5,455	0.7	7,199	0.9
Gynecology Oncology ³	--	--	187	0.0	225	0.0
Unknown Physician Specialty	535	0.1	789	0.1	514	0.1
Miscellaneous Specialties	--	--	--	--	93	0.0
Totals	583,229	100.0	782,887	100.0	766,844	100.0

¹ Most osteopath specialties have been combined with their appropriate specialty.

² Effective 4/92 except Hematology effective 6/92.

³ Effective 10/94.

⁴ Data not included for earlier years.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCES: HCFA/OSP/OFM

August 1998

VII. STATE DATA

State distributions are included for Medicare and Medicaid expenditures, populations, utilization and providers. In addition, State distributions are included for national experience on utilization and providers of services. New in this section are several tables showing number of patients and reimbursement for hospice, home health and skilled nursing facility services.

HIGHLIGHTS

- o Medicare enrollees comprise 14.1 percent of the United States' resident population. State enrollees range from a low of 6.1 percent of Alaska's resident population to a high of 18.6 percent of Florida's resident population.*
- o Medicaid recipients comprise 13.2 percent of the United States' resident population. State recipients range from a low of 3.5 percent of Hawaii's resident population to a high of 27.0 percent of the District of Columbia's resident population.*
- o Hospital beds per 1,000 resident population range from a low of 1.9 in Alaska to a high of 6.8 in the District of Columbia. This contrasts with the national average of 3.3.*
- o The percentage of Medicare Part B participating physicians and other practitioners range from a high of 93.5 percent in Alabama to a low of 62.8 percent in New Jersey.*
- o Aged persons served per 1,000 enrollees range from a low of 571 in Hawaii to a high of 940 in Maine. This contrasts with the national average of 816 persons served per 1,000 enrollees.*
- o The average reimbursement per patient for Medicare home health agency services (U.S.) range from a high of \$9,064 in Louisiana to a low of \$2,434 in Iowa. This contrasts with the national average reimbursement per patient of \$4,666.*
- o The average reimbursement per discharge for Medicare skilled nursing facility non-swing bed services (U.S.) range from a high of \$12,162 in New York to a low of \$3,463 in Iowa. This contrasts with the national average of \$6,569 per discharge.*

Medicare Estimated Benefit Payments by State Fiscal Year 1997

	Benefit Payments in thousands	Benefit Payments in thousands
All Areas	\$ 207,123,498	\$ 4,579,394
United States	206,064,000	495,858
Alabama	3,583,457	1,029,591
Alaska	162,659	1,123,421
Arizona	3,210,752	713,662
Arkansas	1,905,935	
California	22,088,410	
Colorado	2,215,951	6,572,770
Connecticut	3,082,139	873,159
Delaware	471,069	16,450,525
District of Columbia	1,264,093	5,079,024
Florida	17,525,292	468,313
Georgia	4,724,811	
Hawaii	655,491	8,556,051
Idaho	565,126	2,677,077
Illinois	8,313,616	1,887,052
Indiana	4,080,167	12,445,285
Iowa	1,737,546	988,768
Kansas	1,690,755	
Kentucky	2,889,228	2,366,412
Louisiana	4,285,657	476,378
Maine	879,433	4,721,533
Maryland	3,437,763	14,275,436
Massachusetts	6,454,553	886,569
Michigan	7,400,601	
Minnesota	2,733,428	328,060
Mississippi	2,213,773	3,635,662
		3,033,372
		1,503,805
		3,109,141
		215,531
		1,025,150
		34,789

NOTES: Benefit payments for all areas represent actual Department of Treasury (DOT) disbursements. Distribution of benefit payments by State is based on a methodology which considered actual payments to health maintenance organizations and estimated payments for other providers of Medicare services. Estimated payments were determined by applying the relative weight of each State's share of total fee-for-service provider payments for fiscal year 1997 to the DOT disbursements net of Managed Care payments.

SOURCES: HCFA/OFM/OIS

August 1998

Medicaid Medical Assistance Payments **Fiscal Year 1997**

	Total Payments Computable For Federal Funding	Net Expenditures Reported Federal Share ¹	Amount in thousands	Total Payments Computable For Federal Funding	Net Expenditures Reported Federal Share ¹
TOTAL	\$160,280,082	\$90,767,821		\$3,111,128	\$1,869,106
Alabama	2,195,360	1,528,097	Missouri	377,174	265,234
Alaska	360,114	202,498	Montana	749,611	444,990
American Samoa	4,880	2,440	Nebraska	473,555	238,857
Arizona	1,758,634	1,174,110	Nevada	728,498	365,135
Arkansas	1,313,549	963,246	New Hampshire		
California	17,212,452	8,647,331	New Jersey	5,443,596	2,730,847
Colorado	1,513,004	792,848	New Mexico	943,168	692,941
Connecticut	2,712,452	1,356,991	New York	24,701,892	12,393,497
Delaware	406,579	204,440	North Carolina	4,383,229	2,806,030
District of Columbia	839,598	420,282	North Dakota	321,984	220,420
Florida	6,270,108	3,503,059	N. Mariana Islands	2,049	1,024
Georgia	3,500,438	2,160,052	Ohio	6,450,716	3,826,779
Guam	7,583	3,791	Oklahoma	1,180,844	830,931
Hawaii	558,767	279,425	Oregon	1,499,574	918,179
Idaho	407,146	277,111	Pennsylvania	8,107,788	4,290,520
Illinois	6,581,270	3,297,041	Puerto Rico	250,000	125,000
Indiana	2,478,505	1,529,183	Rhode Island	906,437	487,532
Iowa	1,200,637	756,759	South Carolina	2,097,191	1,480,354
Kansas	1,016,176	599,415	South Dakota	325,673	217,005
Kentucky	2,544,852	1,783,473	Tennessee	3,585,948	2,318,131
Louisiana	3,030,956	2,400,090	Texas	9,499,542	5,956,261
Maine	1,050,988	670,783	Utah	616,322	446,063
Maryland	2,688,167	1,350,202	Vermont	365,646	224,056
Massachusetts	4,941,440	2,476,205	Virginia	2,252,805	1,161,392
Michigan	5,612,899	3,105,631	Virgin Islands	7,504	3,781
Minnesota	2,682,989	1,442,370	Washington	3,170,158	1,606,018
Mississippi	1,686,297	1,303,395	West Virginia	1,261,333	915,842
			Wisconsin	2,680,454	1,584,178
			Wyoming	210,423	127,450

¹ Excludes HCFA adjustments.

NOTES: Source Form HCFA-64 -- Line 11, Net Expenditures Reported. Medical assistance only. FY 1997 data are preliminary. Territories exceeding Federal CAP adjusted to capped level less actual administration expenditures.

SOURCE: HCFA/CMSO

August 1998

Mean Medicaid Outlays per Recipient by State and Risk Class **Fiscal Year 1996**

	Age 65 and over	Blind and Disabled	Age 65 and over	Blind and Disabled
United States	\$3,144	\$5,835	\$3,542	\$6,352
Alabama	1,759	2,709	3,418	6,485
Alaska	3,254	9,220	3,254	7,208
Arizona	328	714	2,257	6,338
Arkansas	2,679	4,197	6,952	17,175
California	2,264	4,915		
Colorado	2,028	4,676	4,792	8,377
Connecticut	1,854	8,535	2,044	7,059
Delaware	3,738	7,658	6,558	11,298
District of Columbia	2,579	10,623	5,172	6,027
Florida	2,279	5,332	2,569	7,759
Georgia	1,964	4,516	3,428	6,472
Hawaii	2,243	4,207	1,419	4,320
Idaho	3,817	7,550	6,062	9,231
Illinois	3,295	6,193	2,245	4,740
Indiana	3,995	8,059	3,729	9,386
Iowa	2,601	5,342	2,351	4,725
Kansas	2,558	4,083	1,673	5,150
Kentucky	2,427	4,578	1,099	3,123
Louisiana	2,436	4,199	2,743	5,690
Maine	3,237	7,422	2,268	4,446
Maryland	3,334	8,428	3,378	8,917
Massachusetts	2,504	6,053	2,896	4,763
Michigan	1,920	5,900	2,152	4,267
Minnesota	4,191	11,069	3,320	4,656
Mississippi	1,647	3,433	2,248	4,623
			2,013	7,408
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				

NOTE: These data exclude institutionalized persons.

SOURCE: HCFA/OIS

August 1998

Medicare Enrollment by State 1997

	Enrollees	Enrollees
All Areas ¹	38,444,739	Missouri 844,920
United States ²	37,633,245	Montana 133,089
Alabama	662,299	Nebraska 251,029
Alaska	36,522	Nevada 213,742
Arizona	636,450	New Hampshire 85,562
Arkansas	431,020	New Jersey 1,182,204
California	3,738,081	New Mexico 221,061
Colorado	442,452	New York 2,651,677
Connecticut	507,927	North Carolina 1,073,564
Delaware	105,693	North Dakota 102,764
District of Columbia	76,151	Ohio 1,683,167
Florida	2,727,545	Oklahoma 497,066
Georgia	869,443	Oregon 477,022
Hawaii	156,103	Pennsylvania 2,084,565
Idaho	155,810	Rhode Island 169,359
Illinois	1,622,181	South Carolina 534,827
Indiana	835,183	South Dakota 117,931
Iowa	475,786	Tennessee 796,692
Kansas	387,589	Texas 2,162,917
Kentucky	602,570	Utah 195,326
Louisiana	592,543	Vermont 85,562
Maine	161,759	Virginia 849,493
Maryland	619,700	Washington 708,607
Massachusetts	946,879	West Virginia 333,217
Michigan	1,369,629	Wisconsin 770,405
Minnesota	639,293	Wyoming 62,654
Mississippi	407,440	Puerto Rico 502,760
		Other Outlying Areas 324,945

¹ Includes enrollees with unknown State of residence and Foreign.

² Includes enrollees with unknown State of residence.

NOTE: Data as of July.

SOURCE: HCFA/OIS

August 1998

Medicare Enrollment as a Percent of Resident Population by State **1997**

	Resident Population in thousands	Medicare Enrollees in thousands	Enrollees as Percent of Population		Resident Population in thousands	Medicare Enrollees in thousands	Enrollees as Percent of Population
All Areas	NA	38,445 ¹		Missouri	5,402	845	15.6
United States	267,636	37,633 ²	14.1	Montana	879	133	15.1
Alabama	4,319	662	15.3	Nebraska	1,657	251	15.1
Alaska	609	37	6.1	Nevada	1,677	214	12.8
Arizona	4,555	636	14.0	New Hampshire	1,173	86	7.3
Arkansas	2,523	431	17.1				
California	32,268	3,738	11.6	New Jersey	8,053	1,182	14.7
Colorado	3,893	442	11.4	New Mexico	1,730	221	12.8
Connecticut	3,270	508	15.5	New York	18,137	2,652	14.6
Delaware	732	106	14.5	North Carolina	7,425	1,074	14.5
District of Columbia	529	76	14.4	North Dakota	641	103	16.1
Florida	14,654	2,728	18.6				
Georgia	7,486	869	11.6	Ohio	11,186	1,683	15.0
Hawaii	1,187	156	13.1	Oklahoma	3,317	497	15.0
Idaho	1,210	156	12.9	Oregon	3,243	477	14.7
Illinois	11,896	1,622	13.6	Pennsylvania	12,020	2,085	17.3
Indiana	5,864	835	14.2	Rhode Island	987	169	17.1
Iowa	2,852	476	16.7				
Kansas	2,595	388	15.0	South Carolina	3,760	535	14.2
Kentucky	3,908	603	15.4	South Dakota	738	118	16.0
Louisiana	4,352	593	13.6	Tennessee	5,368	797	14.8
Maine	1,242	162	13.0	Texas	19,439	2,163	11.1
				Utah	2,059	195	9.5
Maryland	5,094	620	12.2				
Massachusetts	6,118	947	15.5	Vermont	589	86	14.6
Michigan	9,774	1,370	14.0	Virginia	6,734	849	12.6
Minnesota	4,686	639	13.6	Washington	5,610	709	12.6
Mississippi	2,731	407	14.9	West Virginia	1,816	333	18.3
				Wisconsin	5,170	770	14.9
				Wyoming	480	63	13.1
				Puerto Rico	NA	503	NA
				Outlying Areas	NA	325	NA

¹ Includes the United States, its Territories and Possessions, and residents of foreign countries.

² Includes enrollees with unknown State of residence.

NOTES: Resident population is a provisional estimate. The 1997 resident population data for Outlying Areas, Puerto Rico, and the Virgin Islands are not available. Data as of July.

SOURCES: HCFA/OIS and Bureau of the Census

August 1998

Medicare and Prepaid Enrollment Distribution by State 1998

	Medicare Enrollees in (000's)	TEFRA Risk	Cost	HCPP	Total Prepaid Enrollees	Prepaid as a Percent of Medicare
Total	38,455	5,328,308	208,120	372,617	5,909,045	15
Alabama	663	34,181	0	0	34,181	5
Alaska	37	0	0	0	0	0
Arizona	637	239,019	0	0	239,019	38
Arkansas	431	10,262	0	0	10,262	2
California	3,740	1,418,047	923	71,817	1,490,787	40
Colorado	444	123,387	15,596	1,912	140,895	32
Connecticut	508	68,392	9,643	2,228	80,263	16
Delaware	106	0	0	0	0	0
Dist. of Columbia	76	0	0	0	0	0
Florida	2,722	696,762	3,077	3,087	702,926	26
Georgia	870	33,740	0	1,550	35,290	4
Hawaii	157	15,031	35,045	3,205	53,281	34
Idaho	156	671	3,840	0	4,511	3
Illinois	1,621	130,591	4,185	30,897	165,673	10
Indiana	835	6,701	4,886	4,808	16,395	2
Iowa	475	0	202	8,075	8,277	2
Kansas	387	1,169	0	0	1,169	0
Kentucky	603	10,459	0	0	10,459	2
Louisiana	593	83,936	0	0	83,936	14
Maine	208	0	0	0	0	0
Maryland	620	88,539	0	9,779	98,318	16
Massachusetts	946	183,114	0	10,121	193,235	20
Michigan	1,370	39,422	0	584	40,006	3
Minnesota	639	57,218	0	50,442	107,660	17
Mississippi	408	0	0	0	0	0
Missouri	845	111,006	0	4,252	115,258	14
Montana	133	0	0	0	0	0
Nebraska	251	12,334	0	0	12,334	5
Nevada	214	54,039	0	0	54,039	25
New Hampshire	162	9,512	0	0	9,512	6

Medicare and Prepaid Enrollment Distribution by State 1998 continued

	Medicare Enrollees in (000's)	TEFRA Risk	Cost	HCPP	Total Prepaid Enrollees	Prepaid as a Percent of Medicare
New Jersey	1,182	121,610	3,040	0	124,650	11
New Mexico	222	40,443	0	0	40,443	18
New York	2,659	385,712	39,088	35,707	460,507	17
North Carolina	1,077	16,368	2,453	2,332	21,153	2
North Dakota	103	0	735	0	735	1
Ohio	1,681	201,885	634	8,869	211,388	13
Oklahoma	497	35,891	0	0	35,891	7
Oregon	476	134,261	50,938	0	185,199	39
Pennsylvania	2,080	460,036	0	1,675	461,711	22
Puerto Rico	506	0	0	0	0	0
Rhode Island	169	39,961	2,264	0	42,225	25
South Carolina	537	3,481	0	0	3,481	1
South Dakota	118	0	0	0	0	0
Tennessee	797	10,879	0	0	10,879	1
Texas	2,164	250,963	16,040	13,533	280,536	13
Utah	196	20,254	0	21,176	41,430	21
Vermont	86	0	1,416	0	1,416	2
V.I./Guam/A.S.	10	0	0	0	0	0
Virginia	851	11,859	0	0	11,859	1
Washington	709	153,344	14,899	0	168,243	24
West Virginia	333	0	7,662	0	7,662	2
Wisconsin	770	13,829	2,519	12,660	29,008	4
Wyoming	63	0	0	0	0	0
United Mine Workers '	--	--	--	73,908	73,908	--
' United Mine Workers is a separate entity within Health Care Prepaid Plans (HCPP).						

NOTES: Totals do not necessarily equal the sum of rounded components. Data as of January, 1998. Excludes beneficiaries enrolled in demonstrations. Enrollment by type of plan within State reflects the location of the plan, not necessarily the State of the residence of the beneficiary.

SOURCES: HCFA/OMC/BDMS and U.S. Department of Commerce, Bureau of the Census

August 1998

Medicaid Recipients by State **Fiscal Year 1996**

	Resident Population in thousands	Medicaid Recipients in thousands	Recipients as Percent of Population		Resident Population in thousands	Medicaid Recipients in thousands	Recipients as Percent of Population
All Reporting Medicaid Jurisdictions	NA	36,118	NA	Missouri	5,402	636	11.8
				Montana	879	101	11.5
United States	267,636	35,210	13.2	Nebraska	1,657	191	11.5
Alabama	4,319	546	12.6	Nevada	1,677	109	6.5
Alaska	609	69	11.3	New Hampshire	1,173	100	8.5
Arizona	4,555	528	11.6	New Jersey	8,053	714	8.9
Arkansas	2,523	363	14.4	New Mexico	1,730	318	18.4
California	32,268	5,107	15.8	New York	18,137	3,281	18.1
				North Carolina	7,425	1,130	15.2
Colorado	3,893	271	7.0	North Dakota	641	61	9.6
Connecticut	3,270	329	10.1				
Delaware	732	82	11.2	Ohio	11,186	1,478	13.2
District of Columbia	529	143	27.0	Oklahoma	3,317	358	10.8
Florida	14,654	1,638	11.2	Oregon	3,243	450	13.9
				Pennsylvania	12,020	1,168	9.7
Georgia	7,486	1,185	15.8	Rhode Island	987	130	13.2
Hawaii	1,187	41	3.5				
Idaho	1,210	119	9.8	South Carolina	3,760	503	13.4
Illinois	11,896	1,454	12.2	South Dakota	738	77	10.4
Indiana	5,864	594	10.1	Tennessee	5,368	1,410	26.3
				Texas	19,439	2,572	13.2
Iowa	2,852	308	10.8	Utah	2,059	152	7.4
Kansas	2,595	251	9.7				
Kentucky	3,908	641	16.4	Vermont	589	102	17.3
Louisiana	4,352	778	17.9	Virginia	6,734	623	9.3
Maine	1,242	167	13.4	Washington	5,610	621	11.1
				West Virginia	1,816	395	21.8
Maryland	5,094	399	7.8	Wisconsin	5,170	434	8.4
Massachusetts	6,118	714	11.7	Wyoming	480	51	10.6
Michigan	9,774	1,172	12.0				
Minnesota	4,686	455	9.7	Puerto Rico	NA	1,074	NA
Mississippi	2,731	510	18.7	Virgin Islands	NA	17	NA

* Arizona operates a medical assistance program under a Section 1115 Demonstration project.

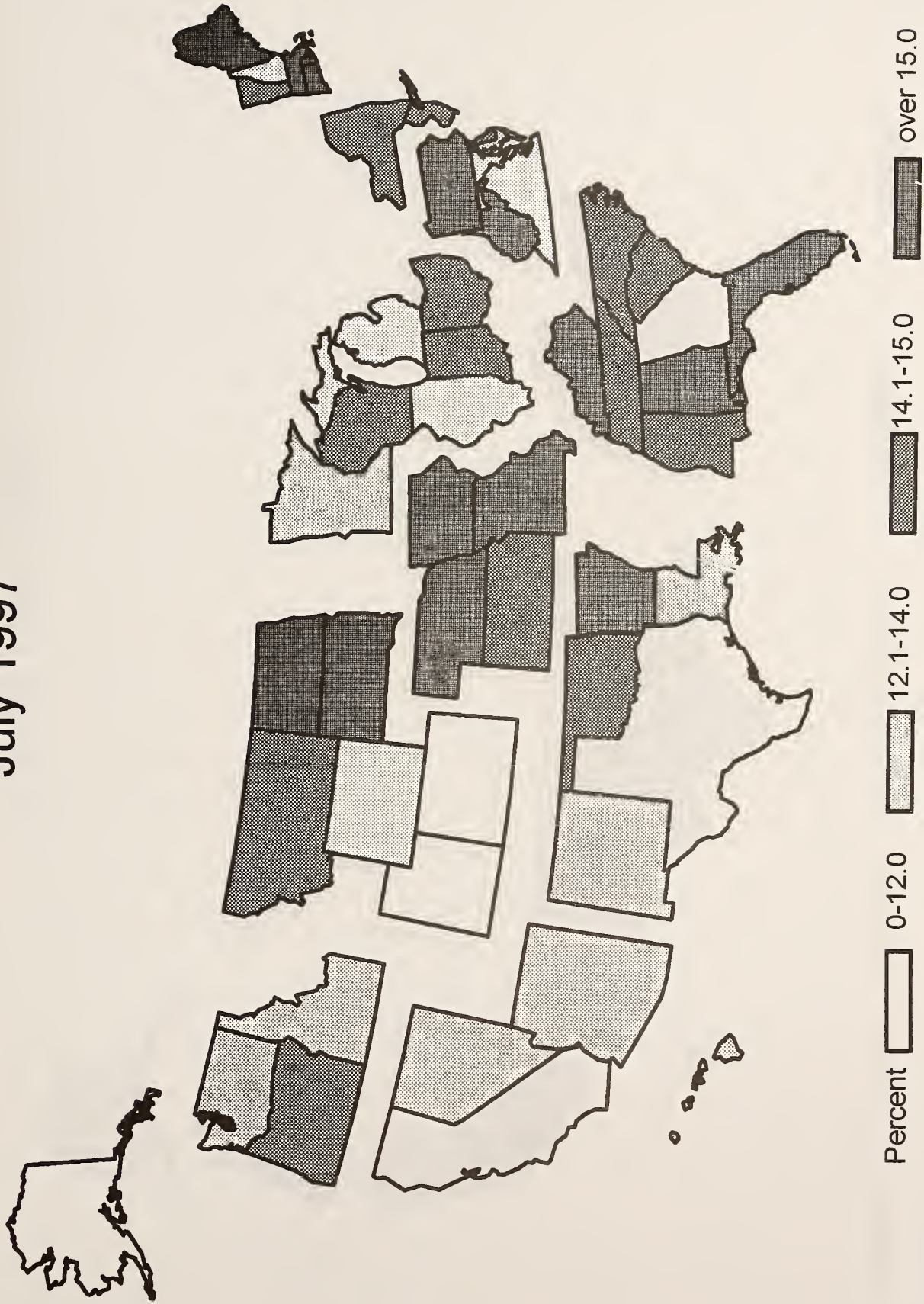
NOTES: Resident population is a provisional estimate as of July 1, 1996. The 1996 resident population data for Puerto Rico and Virgin Islands are not available.

SOURCES: HCFA/OIS and Bureau of the Census

August 1998

Medicare Enrollment as Percent of Population

July 1997

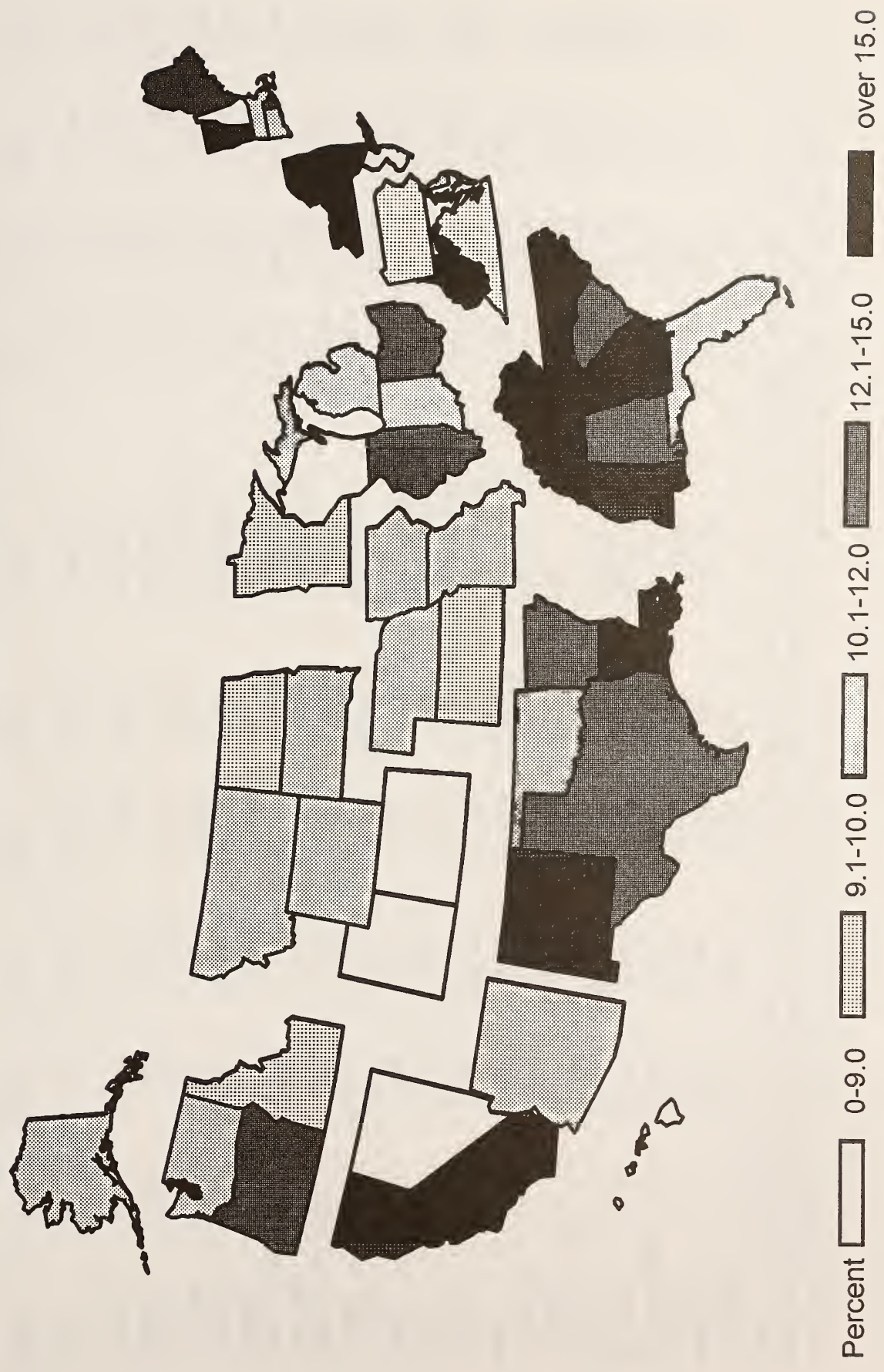


SOURCES: HCFA/OSP and Bureau of the Census

August 1998

Medicaid Recipients as Percent of Population

Fiscal Year 1996



SOURCES: HCFA/OIS and Bureau of the Census

August 1998

Medicare State Buy-Ins for Part A and Part B

July 1997

State	Part A QMBs	Part B Buy-Ins	Part B QMBs	Part B SLMBs	State	Part A QMBs	Part B Buy-Ins	Part B QMBs	Part B SLMBs
Total	321,035	5,008,860	2,424,185	248,536	Missouri	657	79,847	59,084	6,327
Alabama	3,432	122,720	30,365	7,628	Montana	451	11,825	9,531	1,407
Alaska	634	6,835		17	Nebraska		17,321	1,617	507
Arizona	475	49,213	31,683	1,773	Nevada	995	16,435	12,056	1,494
Arkansas	3,973	79,176	21,345	4,403	New Hampshire	27	6,119	1,432	
California	82,326	769,335	399,211	10,006	New Jersey	7,313	135,109	87,464	14,585
Colorado	512	50,749	12,514		New Mexico	531	33,472	7,560	1,991
Connecticut	2,470	50,668	40,646	3,396	New York	194	352,129	167,737	957
Delaware	460	8,446	1,923	465	North Carolina	11,435	204,551	32,951	12,503
District of Columbia	1,230	14,482	303	1,441	North Dakota		5,684	1,373	351
Florida	40,717	304,791	212,411	13,178	Ohio	6,536	178,365	77,928	7,279
Georgia	6,893	168,267	46,792	8,676	Oklahoma	4,655	62,965	56,318	6,246
Hawaii	4,819	18,751	3,952	125	Oregon	41	49,553	26,927	3,320
Idaho	258	14,296	8,161	702	Pennsylvania	15,661	173,142	114,226	9,264
Illinois	3,639	144,684	112,551	13,188	Rhode Island	821	17,321	1,771	
Indiana	1,819	76,846	49,852	10,557	South Carolina	1,882	101,455	84,829	4,120
Iowa	1,302	49,344	35,312	6,523	South Dakota	775	12,778	4,536	1,305
Kansas	613	37,486	13,408	1,556	Tennessee	8,256	164,010	69,043	16,633
Kentucky	3,241	105,188	29,754	7,273	Texas	43,044	336,801	94,939	
Louisiana	5,532	114,482	25,734	4,121	Utah	155	14,589	9,806	1,422
Maine	11	32,168	13,827	2,165	Vermont	239	13,048	3,234	1,796
Maryland	6,165	59,745	45,959	1,814	Virginia	2,943	108,365	41,679	5,880
Massachusetts	14,890	132,874	107,673	14,240	Washington	4,688	83,128	27,751	5,700
Michigan	5,878	130,682	38,329	13,285	West Virginia	3,705	43,572	39,181	3,778
Minnesota	3,172	56,486	17,058	3,106	Wisconsin	4,148	76,109	17,168	6,819
Mississippi	7,192	106,461	73,341	4,531	Wyoming	221	5,781	1,940	672

NOTES: Qualified Medicare Beneficiaries (QMBs) and Specified Low-income Medicare Beneficiaries (SLMB) are persons with limited resources whose incomes are at or below the national poverty level. The Medicare program covers the cost of the Medicare premiums, deductibles, and coinsurance that Medicare beneficiaries normally pay out of their own pockets. Total Part B Buy-Ins includes Part B QMBs and Part B SLMBs.

SOURCE: HCFA/OIS

August 1998

Medicare Persons Served by State Calendar Year 1996

	Aged			Disabled			Aged			Disabled		
	Persons Served in thousands	Served per 1,000 Enrollees	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees	Served per 1,000 Enrollees
All Areas	27,263	816	749	3,476	86	797	637	868	83	780		
United States	26,993	824	758	3,415	4	720	106	917	13	775		
Alabama	497	913	797	86	38	538	207	910	18	800		
Alaska	25	845	720	4	55	783	115	635	15	639		
Arizona	339	616	567	272	38	664	123	877	14	718		
Arkansas	328	909	667	38	55	783	925	870	90	779		
California	1,863	567	667	272	55	783	135	725	21	690		
Colorado	269	717	667	38	272	664	1,922	827	242	760		
Connecticut	414	906	819	41	717	667	833	934	133	836		
Delaware	85	931	772	9	717	667	87	930	7	790		
District of Columbia	53	768	778	7	906	819						
Florida	1,895	778	706	177	931	772	1,339	908	157	771		
Georgia	658	926	825	117	768	778	377	869	46	773		
Hawaii	81	571	738	9	778	706	280	659	32	658		
Idaho	126	930	768	13	768	706	1,552	824	148	742		
Illinois	849	849	753	135	79	768	125	834	14	721		
Indiana	904	892	768	79	926	825	401	923	73	845		
Iowa	943	937	814	36	571	738	96	904	9	789		
Kansas	323	926	797	30	930	768	607	906	104	816		
Kentucky	443	916	798	89	849	753	1,548	826	191	761		
Louisiana	415	845	766	74	892	768	154	902	15	733		
Maine	165	940	812	24	937	814	68	921	9	815		
Maryland	476	868	764	48	926	797	652	900	90	804		
Massachusetts	665	802	750	86	916	798	455	731	56	706		
Michigan	1,115	933	790	140	845	766	252	921	46	787		
Minnesota	829	816	760	48	940	812	631	920	64	786		
Mississippi	303	910	845	64	868	764	49	899	5	749		
Puerto Rico							257	686	60	518		
Other Outlying Areas							5	321	1	256		
Foreign Countries							8	29	1	44		

NOTES: Persons served under fee-for-service. Rates are based on total July 1, 1996 enrollment including managed care.

SOURCE: HCFA/OIS

August 1998

National Community Hospital Care by State **1996 Annual Survey**

	Admissions in thousands	Average Stay in Days	Outpatient Visits in thousands	Admissions in thousands	Average Stay in Days	Outpatient Visits in thousands
United States	31,099	6.2	439,863	728	6.1	10,215
Alabama	673	5.9	7,626	93	11.1	1,459
Alaska	38	6.2	775	187	8.8	2,669
Arizona	452	5.0	4,200	152	5.3	1,423
Arkansas	343	6.2	4,091	108	6.5	2,136
California	3,072	5.3	41,693			
Colorado	351	5.4	6,061	1,059	6.8	13,465
Connecticut	338	5.6	6,084	159	4.9	2,800
Delaware	74	6.3	1,199	2,385	8.4	40,836
District of Columbia	146	7.0	1,376	844	6.6	9,621
Florida	1,816	5.8	18,906	88	10.8	1,514
Georgia	838	6.8	10,092			
Hawaii	100	8.6	2,262	1,373	5.6	22,952
Idaho	116	6.1	1,962	368	5.7	4,278
Illinois	1,444	6.0	21,592	302	4.5	5,793
Indiana	693	5.8	12,294	1,756	6.6	27,073
Iowa	365	7.1	6,964	118	5.5	1,806
Kansas	292	7.0	4,398			
Kentucky	529	6.0	6,553	412	6.2	4,892
Louisiana	635	5.9	8,417	94	11.2	1,241
Maine	146	6.2	2,673	754	6.0	7,876
Maryland	570	5.4	4,979	2,074	5.4	24,424
Massachusetts	730	6.1	13,732	174	4.6	3,551
Michigan	1,116	6.0	21,003			
Minnesota	497	8.4	5,358	55	8.1	867
Mississippi	416	7.2	4,254	700	6.0	7,866
				470	4.7	8,378
				271	6.4	4,443
				541	6.4	8,952
				43	8.9	791

SOURCE: American Hospital Association's 1998 Hospital Statistics.

August 1998

Medicare Skilled Nursing Facility Non Swing Bed Utilization by State Calendar Year 1996

	Total Patient	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
Total ¹	1,325,993	1,423,224	44,707,366	31	\$9,349,119,381	\$209	\$6,569
Alabama	18,551	18,687	700,114	37	117,914,828	168	6,310
Alaska	481	507	16,349	32	3,336,734	204	6,581
Arizona	19,344	22,668	484,348	21	139,134,934	287	6,138
Arkansas	16,364	19,176	511,937	27	83,438,380	163	4,351
California	119,081	144,401	3,316,749	23	1,060,266,068	320	7,343
Colorado	15,413	19,068	462,264	24	136,918,178	296	7,181
Connecticut	25,583	21,895	1,128,844	52	188,377,072	167	8,604
Delaware	3,052	2,760	93,151	34	16,492,650	177	5,976
District of Columbia	1,882	1,941	63,436	33	16,588,398	261	8,546
Florida	96,390	111,178	3,255,113	29	884,054,079	272	7,952
Georgia	22,350	23,967	879,960	37	152,168,574	173	6,349
Hawaii	1,440	1,126	52,036	46	11,504,404	221	10,217
Idaho	6,218	7,193	180,907	25	43,548,150	241	6,054
Illinois	71,042	87,904	2,029,165	23	375,444,082	185	4,271
Indiana	39,129	41,988	1,390,838	33	304,588,265	219	7,254
Iowa	15,575	18,069	331,651	18	62,573,402	189	3,463
Kansas	15,656	18,211	390,186	21	85,036,475	218	4,670
Kentucky	22,198	22,456	744,495	33	144,291,503	194	6,426
Louisiana	20,669	26,337	488,328	19	138,044,666	283	5,241
Maine	7,798	8,317	273,260	33	38,664,768	141	4,649
Maryland	24,154	26,373	734,376	28	158,112,914	215	5,995
Massachusetts	49,788	48,801	1,957,766	40	401,751,469	205	8,232
Michigan	39,476	33,358	1,862,437	56	225,811,551	121	6,769
Minnesota	28,430	23,421	1,073,680	46	141,272,238	132	6,032
Mississippi	12,973	15,193	418,946	28	94,075,530	225	6,192
Missouri	41,764	52,745	1,237,891	23	270,291,818	218	5,125
Montana	5,598	6,175	162,622	26	26,544,971	163	4,299
Nebraska	10,078	11,200	289,605	26	50,938,525	176	4,548
Nevada	4,783	5,585	137,710	25	39,640,125	288	7,098

Medicare Skilled Nursing Facility Non Swing Bed Utilization by State Calendar Year 1996

	Total Patient	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
New Hampshire	3,842	3,678	127,748	35	\$24,499,951	\$192	\$6,661
New Jersey	29,511	27,525	963,521	35	178,963,737	186	6,502
New Mexico	4,906	5,651	134,866	24	30,442,207	226	5,387
New York	65,663	40,033	3,621,721	90	486,869,996	134	12,162
North Carolina	31,718	27,849	1,288,458	46	177,741,000	138	6,382
North Dakota	4,172	3,328	103,126	31	14,593,621	142	4,385
Ohio	76,750	90,408	2,356,324	26	493,795,056	210	5,462
Oklahoma	16,280	19,786	386,296	20	110,517,902	286	5,586
Oregon	11,457	12,514	272,631	22	74,195,045	272	5,929
Pennsylvania	84,551	87,637	2,755,642	31	576,991,185	209	6,584
Puerto Rico	1,707	1,849	38,890	21	4,870,597	125	2,634
Rhode Island	6,642	6,785	258,000	38	38,357,344	149	5,653
South Carolina	14,789	15,552	531,626	34	100,104,494	188	6,437
South Dakota	3,805	3,778	158,487	42	18,879,019	119	4,997
Tennessee	30,386	34,261	1,113,698	33	209,107,091	188	6,103
Texas	86,758	106,089	2,654,507	25	741,542,765	279	6,990
Utah	8,823	10,333	249,386	24	64,077,556	257	6,201
Vermont	2,197	1,689	90,089	53	8,410,393	93	4,980
Virgin Islands	14		268		31,936	119	
Virginia	20,389	19,549	711,705	36	126,388,803	178	6,465
Washington	24,649	26,245	745,768	28	184,087,869	247	7,014
West Virginia	9,687	10,519	285,014	27	59,696,096	209	5,675
Wisconsin	30,015	25,281	1,123,776	44	201,393,596	179	7,966
Wyoming	1,956	2,125	66,169	31	12,272,367	185	5,775

¹ Includes residence unknown.

NOTE: Data are derived from bills for services performed in 1996 and recorded in HCFA central records as of June 1997. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data excludes no pay bills and has been screened to protect the privacy of beneficiaries.

SOURCE: HCFA/OIS

August 1998

Medicare Home Health Agency Utilization by State Calendar Year 1996

	Total Reimbursement	Total Patients	Total Visits	Average Reimbursement Per Patient	Average Visits Per Patient
Total ¹	\$16,789,433,794	3,598,332	264,552,900	\$4,666	74
Alabama	479,247,620	83,180	10,025,771	5,762	121
Alaska	12,378,636	2,384	115,491	5,192	48
Arizona	151,618,260	35,673	2,032,123	4,250	57
Arkansas	177,470,646	46,508	3,612,127	3,816	78
California	1,229,763,666	263,442	13,379,159	4,668	51
Colorado	165,348,748	34,549	2,359,073	4,786	68
Connecticut	294,784,690	61,338	5,039,856	4,806	82
Delaware	31,010,408	9,929	490,944	3,123	49
District of Columbia	25,899,222	7,146	318,314	3,624	45
Florida	1,491,446,400	288,799	22,169,695	5,164	77
Georgia	542,557,181	97,474	10,129,776	5,566	104
Hawaii	18,779,872	4,742	222,024	3,960	47
Idaho	62,371,726	14,871	953,668	4,194	64
Illinois	575,583,077	159,683	8,383,224	3,605	52
Indiana	330,164,949	75,420	5,785,741	4,378	77
Iowa	93,139,633	38,268	1,846,645	2,434	48
Kansas	128,689,338	32,314	2,051,547	3,982	63
Kentucky	249,046,236	65,544	4,616,099	3,800	70
Louisiana	785,444,476	86,652	13,880,533	9,064	160
Maine	90,232,526	23,970	1,691,301	3,764	71
Maryland	152,199,316	51,020	1,874,617	2,983	37
Massachusetts	626,768,527	122,538	11,736,857	5,115	96
Michigan	520,169,234	134,129	6,817,273	3,878	51
Minnesota	105,150,147	35,336	1,622,034	2,976	46
Mississippi	401,873,082	63,375	7,966,130	6,341	126
Missouri	331,660,922	95,561	5,064,089	3,361	53
Montana	37,699,072	11,216	594,511	2,849	53
Nebraska	54,438,406	19,105	844,779	4,905	44
Nevada	63,240,145	12,892	827,130	4,732	64

Medicare Home Health Agency Utilization by State
Calendar Year 1996
continued

	Total Reimbursement	Total Patients	Total Visits	Average Reimbursement Per Patient	Average Visits Per Patient
New Hampshire	\$63,027,457	18,765	1,305,645	\$3,359	70
New Jersey	315,758,029	102,603	4,379,704	3,077	43
New Mexico	75,083,366	17,183	1,228,799	4,370	72
New York	780,767,442	206,191	10,436,182	3,787	51
North Carolina	374,377,510	108,221	6,014,031	3,459	56
North Dakota	22,050,190	8,923	385,713	2,471	43
Ohio	497,510,140	154,162	8,015,359	3,227	52
Oklahoma	525,229,095	63,490	9,093,672	8,273	143
Oregon	86,445,787	29,054	1,023,781	2,975	35
Pennsylvania	723,740,948	218,661	10,114,147	3,310	46
Puerto Rico	65,151,949	38,524	1,491,114	1,691	39
Rhode Island	88,383,316	20,637	1,348,560	4,283	65
South Carolina	196,958,607	51,366	3,315,306	3,834	65
South Dakota	22,610,912	8,681	387,258	2,605	45
Tennessee	730,390,213	111,505	12,575,955	6,550	113
Texas	2,140,456,802	259,609	33,748,977	8,245	130
Utah	135,352,704	19,554	2,185,370	6,922	112
Vermont	38,482,599	13,039	892,520	2,951	68
Virgin Islands	1,207,103	237	15,918	5,093	67
Virginia	288,863,124	77,747	4,340,296	3,715	56
Washington	128,006,441	45,668	1,539,342	2,803	34
West Virginia	99,646,093	29,936	1,739,849	3,329	58
Wisconsin	136,545,795	48,602	2,093,436	2,809	43
Wyoming	23,918,701	5,543	418,557	4,315	76

¹ Includes residence unknown.

NOTE: Data are derived from bills for services performed in 1996 and recorded in HCFA central records as of June 1997. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total.

SOURCE: HCFA/OIS/HGIS

August 1998

Medicare Hospice Utilization by State Calendar Year 1996

	Total Patients	Total Reimbursement	Total Covered Days	Total Covered Hours	Total Covered Procedures	Average Reimbursement Per Patient	Average Days Per Patient
Total	349,071	\$1,987,922,832	18,798,529	1,218,405	191,204	\$5,695	54
Alabama	5,968	34,338,922	351,810	29,843	1,142	5,754	59
Alaska	102	587,395	4,673	25		5,759	46
Arizona	10,474	70,078,818	568,232	22,874	13,354	6,691	54
Arkansas	3,721	24,252,371	265,733	11,039	559	6,518	71
California	35,390	212,953,484	1,827,796	79,094	14,753	6,017	52
Colorado	5,727	26,566,133	238,168	3,230	1,288	4,639	42
Connecticut	3,378	19,664,935	131,486	11,391	11,340	5,821	39
Delaware	1,078	5,480,564	56,569	212	218	5,084	52
District of Columbia	496	2,784,310	23,471	0	22	5,614	47
Florida	39,058	240,955,423	2,162,477	541,915	46,775	6,169	55
Georgia	7,560	36,692,417	379,877	49,708	1,478	4,853	50
Hawaii	950	4,799,689	43,373	275	50	5,052	46
Idaho	1,357	7,480,890	80,457	8,003	170	5,513	59
Illinois	16,799	101,850,804	926,411	4,223	7,594	6,063	55
Indiana	4,872	25,235,477	258,434	1,019	923	5,180	53
Iowa	4,423	24,286,164	247,514	6,932	2,781	5,491	56
Kansas	2,583	14,660,686	153,026	2,998	915	5,676	59
Kentucky	6,185	37,149,312	385,125	14,253	4,326	6,006	62
Louisiana	3,463	16,573,331	170,386	15,174	1,219	4,786	49
Maine	728	3,976,329	44,166	2,620	144	5,462	61
Maryland	5,068	25,114,703	242,205	6,249	1,507	4,956	48
Massachusetts	7,247	34,076,641	323,047	21,247	594	4,702	45
Michigan	15,834	88,531,471	813,778	29,938	6,697	5,591	51
Minnesota	5,374	26,899,851	267,959	14,236	1,749	5,006	50
Mississippi	2,251	13,458,514	136,427	40,835	192	5,979	61
Missouri	9,108	51,113,332	551,859	3,919	1,398	5,612	61
Montana	838	4,370,330	47,492	1,830	436	5,215	57
Nebraska	1,800	8,306,132	96,959	1,039	403	4,615	54
Nevada	1,743	10,280,170	82,185	960	1,192	5,898	47

Medicare Hospice Utilization by State (continued) **Calendar Year 1996**

	Total Patients	Total Reimbursement	Total Covered Days	Total Covered Hours	Total Covered Procedures	Average Reimbursement Per Patient	Average Days Per Patient
New Hampshire	1,033	\$5,130,202	54,791	5,303	117	\$4,966	53
New Jersey	9,155	44,134,221	431,272	1,554	1,725	4,821	47
New Mexico	2,216	11,930,475	116,966	860	987	5,384	53
New York	18,004	101,257,552	849,660	76,393	6,501	5,624	47
North Carolina	9,231	53,274,104	552,027	8,136	8,026	5,771	60
North Dakota	894	4,629,492	44,916	16,319	395	5,178	50
Ohio	19,174	109,288,717	1,012,848	15,448	9,540	5,700	53
Oklahoma	5,479	38,533,850	401,245	4,351	767	7,033	73
Oregon	5,781	26,423,558	271,584	9,860	73	4,571	47
Pennsylvania	16,440	86,813,069	806,115	90,356	3,940	5,281	49
Puerto Rico	3,950	18,594,749	222,490	1,737	8,474	4,708	56
Rhode Island	1,609	8,906,107	87,127	1,125	1,552	5,535	54
South Carolina	3,704	20,098,463	216,534	1,981	178	5,426	58
South Dakota	680	3,573,893	37,700	166	311	5,256	55
Tennessee	4,412	23,799,044	237,498	11,981	2,031	5,394	54
Texas	23,871	149,279,912	1,470,135	15,421	16,747	6,254	62
Utah	811	2,977,099	32,360	132	171	3,671	40
Vermont	609	2,595,844	27,829	8,371		4,262	46
Virginia	4,827	27,071,703	258,083	3,623	2,059	5,608	53
Washington	6,557	33,366,282	326,230	6,510	1,950	5,089	50
West Virginia	2,306	12,827,809	132,373	11,341	603	5,563	57
Wisconsin	6,012	29,533,461	313,124	2,353	1,814	4,912	52
Wyoming	237	1,364,628	14,527	3	13	5,758	61

NOTE: Data are derived from bills for services performed in 1996 and recorded in HCFA central records as of June 1997. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total.

SOURCE: HCFA/OIS/HCIS

August 1998

Medicare Inpatient Hospitals by State **1997**

	Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Hospitals	Beds per 1,000 Enrollees		Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Hospitals	Beds per 1,000 Enrollees
All Areas	5,165	23.9	1,128	3.4	Missouri	121	28.3	26	2.8
United States	5,108	24.2	1,124	3.4	Montana	48	21.8	2	0.4
					Nebraska	91	27.1	8	3.3
Alabama	110	29.7	18	2.6	Nevada	27	17.1	11	3.2
Alaska	22	37.4	3	6.0	New Hampshire	26	20.9	5	3.6
Arizona	69	16.4	18	1.3	New Jersey	88	25.2	26	3.6
Arkansas	78	24.1	16	3.3	New Mexico	42	20.3	12	3.0
California	425	22.8	83	1.9	New York	223	26.9	49	6.3
Colorado	65	21.5	20	5.1	North Carolina	130	22.6	19	3.4
Connecticut	33	16.2	15	4.1	North Dakota	47	34.5	2	3.5
Delaware	6	19.7	5	3.8	Ohio	176	28.8	36	3.1
Dist. of Columbia	10	53.9	6	15.8	Oklahoma	123	28.1	29	3.7
Florida	203	19.7	65	1.9	Oregon	62	16.9	5	0.9
Georgia	161	28.3	38	4.8	Pennsylvania	203	18.5	56	4.3
Hawaii	23	15.2	4	2.8	Rhode Island	11	17.8	6	7.5
Idaho	43	18.0	7	1.9	South Carolina	62	21.7	13	2.4
Illinois	198	30.3	28	2.1	South Dakota	59	28.1	3	1.3
Indiana	115	26.8	49	2.9	Tennessee	125	31.7	25	2.7
Iowa	117	26.2	4	0.9	Texas	386	25.4	114	3.7
Kansas	127	28.4	18	4.4	Utah	41	23.5	11	5.5
Kentucky	103	26.4	18	3.8	Vermont	14	21.3	2	2.2
Louisiana	126	26.7	60	7.5	Virginia	96	25.9	26	3.2
Maine	39	20.7	5	3.0	Washington	89	17.9	10	2.9
Maryland	50	22.2	22	6.1	West Virginia	53	27.6	11	2.4
Massachusetts	85	17.8	47	6.8	Wisconsin	125	25.3	20	2.8
Michigan	163	23.0	26	3.1	Wyoming	25	24.8	4	1.6
Minnesota	143	26.2	11	3.1					
Mississippi	101	29.7	7	1.2	Puerto Rico	53	19.0	4	1.8
					Other Outlying Areas	4	1.7	--	--

NOTES: Facility data as of December 1997. Beds per 1,000 enrollees based on HI enrollment data as of December 1997.

SOURCES: HCFA/OSP/OIS

August 1998

Medicare Skilled Nursing Facilities and Certified Beds by State

1997

	Facilities		Beds	Facilities		Beds
All Areas	14,860		684,977			
United States	14,852		684,656			
Alabama	219		9,396	Missouri	482	8,797
Alaska	16		492	Montana	102	4,120
Arizona	164		4,283	Nebraska	154	5,597
Arkansas	207		3,560	Nevada	43	3,888
California	1,319		56,069	New Hampshire	63	2,845
Colorado	206		5,350	New Jersey	275	19,850
Connecticut	251		21,024	New Mexico	73	1,742
Delaware	39		2,097	New York	662	117,854
District of Columbia	21		1,619	North Carolina	399	15,286
Florida	719		27,469	North Dakota	88	6,781
Georgia	315		13,370	Ohio	856	34,912
Hawaii	38		3,099	Oklahoma	220	3,512
Idaho	86		3,042	Oregon	130	3,478
Illinois	631		16,625	Pennsylvania	769	42,871
Indiana	507		10,883	Rhode Island	100	4,213
Iowa	263		12,916	South Carolina	178	9,184
Kansas	285		7,233	South Dakota	83	4,701
Kentucky	318		12,901	Tennessee	273	10,020
Louisiana	220		5,413	Texas	1,105	24,007
Maine	135		3,506	Utah	81	1,854
Maryland	232		12,887	Vermont	40	1,874
Massachusetts	521		24,764	Virginia	218	5,795
Michigan	385		19,959	Washington	280	8,465
Minnesota	435		35,608	West Virginia	101	3,725
Mississippi	151		3,455	Wisconsin	361	21,020
				Wyoming	33	1,245
				U.S. Territories and Possessions	8	321

NOTE: Data as of December.

SOURCES: HCFA/OSP

August 1998

Nursing Facilities Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities by State **1997**

	Nursing Facilities Title 19	Institutions for Mentally Retarded		Nursing Facilities Title 19	Institutions for Mentally Retarded
United States	2,953	7,383	Missouri	112	22
Alabama	5	8	Montana	3	3
Alaska	0	1	Nebraska	93	4
Arizona	2	12	Nevada	2	20
Arkansas	80	40	New Hampshire	26	1
California	121	902	New Jersey	66	10
Colorado	23	4	New Mexico	12	37
Connecticut	13	161	New York	3	874
Delaware	4	4	North Carolina	4	330
District of Columbia	0	129	North Dakota	0	66
Florida	10	112	Ohio	193	442
Georgia	55	12	Oklahoma	231	40
Hawaii	6	22	Oregon	36	2
Idaho	0	58	Pennsylvania	28	258
Illinois	262	319	Rhode Island	0	29
Indiana	95	579	South Carolina	0	172
Iowa	275	122	South Dakota	40	10
Kansas	165	46	Tennessee	83	84
Kentucky	0	12	Texas	271	902
Louisiana	163	469	Utah	16	14
Maine	0	41	Vermont	5	2
Maryland	29	5	Virginia	67	20
Massachusetts	59	7	Washington	11	21
Michigan	70	510	West Virginia	42	63
Minnesota	22	322	Wisconsin	86	43
Mississippi	59	13	Wyoming	5	4

NOTE: Data as of December.

SOURCES: HCFA/OSP/OIS

August 1998

Beds per 1,000 Resident				Beds per 1,000 Resident			
	Hospitals	Beds	Population	Hospitals	Beds	Population	
United States	5,134	862,352	3.3				
Alabama	113	18,675	4.4	Missouri	21,544	4.1	
Alaska	17	1,138	1.9	Montana	4,221	4.9	
Arizona	61	10,312	2.5	Nebraska	8,167	5.0	
Arkansas	84	10,260	4.1	Nevada	3,571	2.3	
California	420	75,696	2.4	New Hampshire	3,238	2.8	
Colorado	68	9,140	2.5	New Jersey	28,096	3.5	
Connecticut	33	7,274	2.2	New Mexico	3,692	2.2	
Delaware	6	1,616	2.3	New York	72,061	4.0	
District of Columbia	12	3,700	6.8	North Carolina	22,722	3.2	
Florida	210	50,033	3.6	North Dakota	4,191	6.6	
Georgia	159	25,897	3.6	Ohio	36,909	3.3	
Hawaii	21	3,045	2.7	Oklahoma	10,838	3.3	
Idaho	42	3,444	3.0	Oregon	7,147	2.3	
Illinois	205	40,686	3.4	Pennsylvania	46,981	3.9	
Indiana	115	19,488	3.4	Rhode Island	2,629	2.7	
Iowa	115	12,403	4.4	South Carolina	11,020	3.0	
Kansas	131	10,879	4.3	South Dakota	4,473	6.2	
Kentucky	104	14,996	3.9	Tennessee	20,636	3.9	
Louisiana	129	19,275	4.5	Texas	56,329	3.0	
Maine	39	3,856	3.1	Utah	4,316	2.2	
Maryland	51	12,455	2.5	Vermont	1,632	2.8	
Massachusetts	88	17,990	3.0	Virginia	18,498	2.9	
Michigan	164	28,849	3.0	Washington	11,061	2.1	
Minnesota	142	17,552	3.8	West Virginia	8,023	4.4	
Mississippi	97	13,260	4.9	Wisconsin	16,457	3.2	
				Wyoming	1,991	4.2	

August 1998

Medicare Part B Participating Physicians and Other Practitioners by State
Selected Years

	January 1993	January 1994	January 1995	January 1996	January 1997
Alabama	85.1	87.2	90.5	91.8	93.5
Alaska	60.4	66.3	77.1	73.5	79.0
Arizona	76.2	82.6	87.1	85.2	86.6
Arkansas	62.1	64.9	74.8	77.2	78.9
California	65.9	69.0	74.5	80.5	80.9
Colorado	55.7	58.5	65.2	79.5	81.4
Connecticut	55.4	57.8	61.8	84.3	86.4
Delaware	57.4	60.0	68.0	72.3	68.6
District of Columbia	50.6	52.8	63.0	65.3	68.6
Florida	55.6	62.2	68.0	70.9	73.9
Georgia	74.9	82.7	86.3	87.2	88.6
Hawaii	75.9	80.4	82.8	83.6	84.0
Idaho	37.1	49.7	54.7	60.1	67.6
Illinois	57.6	61.8	73.3	75.6	83.3
Indiana	55.8	61.3	72.8	75.7	76.8
Iowa	61.8	63.2	81.1	83.6	88.5
Kansas	73.2	78.7	84.4	91.1	91.8
Kentucky	73.6	69.1	83.4	85.8	88.7
Louisiana	44.0	46.7	57.4	61.0	64.6
Maine	52.0	53.6	68.9	77.2	79.9
Maryland	72.5	77.3	88.1	89.9	89.6
Massachusetts	50.2	48.9	64.7	74.9	77.2
Michigan	58.1	62.1	75.3	80.2	82.6
Minnesota	44.4	51.3	58.6	70.6	77.3
Mississippi	53.4	53.8	59.4	77.3	79.3
Missouri	67.5	81.8	87.6	86.8	88.1
Montana	54.7	58.7	70.1	77.4	78.7
Nebraska	70.6	75.9	82.5	86.3	87.2
Nevada	84.9	87.9	91.2	90.8	92.2
New Hampshire	43.0	48.0	60.4	77.0	79.7
New Jersey	42.6	45.9	54.9	60.6	62.8
New Mexico	66.8	74.2	78.1	80.7	81.7
New York	40.7	46.2	59.2	64.2	70.0
North Carolina	72.8	76.5	77.6	81.0	84.6
North Dakota	55.0	77.4	81.8	92.2	93.2
Ohio	76.6	83.3	90.5	91.8	92.7
Oklahoma	53.9	64.9	72.3	76.1	84.0
Oregon	59.2	66.5	79.7	82.1	87.6
Pennsylvania	59.7	61.1	67.3	69.3	72.0
Rhode Island	80.9	82.2	80.9	66.8	68.4
South Carolina	67.3	70.2	76.1	82.7	85.5
South Dakota	31.6	41.2	51.7	71.4	79.3
Tennessee	70.5	76.9	80.6	83.1	87.5
Texas	61.3	68.6	76.9	80.3	82.1
Utah	80.3	82.0	85.9	86.8	90.2
Vermont	56.5	58.8	68.8	76.1	78.6
Virginia	52.2	52.9	55.6	84.3	85.7
Washington	64.7	73.9	76.2	86.4	89.9
West Virginia	75.9	81.9	87.2	89.3	90.8
Wisconsin	66.8	73.7	81.2	83.9	85.2
Wyoming	53.3	63.0	66.1	81.2	83.3

NOTE: Other practitioners includes limited license practitioners and non-physician practitioners.

SOURCE: HCFA/OFM

August 1998

**Physician Assignment Rates as a Percent of Allowed Charges by State
Fiscal Year 1997**

HCFA Region/State	Assignment Rate ¹	HCFA Region/State	Assignment Rate ¹
National	98.4		
Boston Region		Dallas Region	
Connecticut	98.5	Arkansas	99.2
Maine	99.5	Louisiana	99.1
Massachusetts	99.9	New Mexico	97.1
New Hampshire	98.6	Oklahoma	97.7
Rhode Island	99.9	Texas	98.3
Vermont	99.4		
New York Region		Kansas City Region	
New Jersey	96.2	Iowa	98.0
New York	97.7	Kansas	99.4
		Missouri	98.3
Philadelphia Region		Nebraska	93.9
Delaware	98.7		
District of Columbia	97.9	Denver Region	
Maryland	98.9	Colorado	96.7
Pennsylvania	92.3	Montana	96.2
Virginia	99.2	North Dakota	98.5
West Virginia	99.5	South Dakota	80.0
		Utah	98.5
Atlanta Region		Wyoming	88.7
Alabama	99.4		
Florida	99.0	San Francisco Region	
Georgia	98.7	Arizona	94.1
Kentucky	99.0	California	98.9
Mississippi	98.8	Hawaii	99.2
North Carolina	98.2	Nevada	99.6
South Carolina	98.8		
Tennessee	99.2		
Chicago Region		Seattle Region	
Illinois	97.6	Alaska	97.6
Indiana	98.4	Idaho	82.8
Michigan	99.4	Oregon	96.7
Minnesota	93.5	Washington	97.1
Ohio	99.8		
Wisconsin	97.2		

¹ Rates reflect covered charges for physician claims processed during the period.

SOURCE: HCFA/OFM

August 1998

Medicare Physicians by State ¹ 1998

State	Number	Percent of Total	State	Number	Percent of Total
Total	807,674 ²	100.0	Mississippi	5,274	0.6
Alabama	9,685	1.3	Montana	2,571	0.3
Alaska	1,412	0.2	North Carolina	17,615	2.7
Arizona	11,127	1.3	North Dakota	2,244	0.3
Arkansas	6,866	0.9	Nebraska	4,226	0.5
California	96,634	11.8	New Hampshire	4,200	0.5
Colorado	12,619	1.5	New Jersey	27,448	3.2
Connecticut	11,878	1.5	New Mexico	4,012	0.5
Delaware	2,294	0.3	Nevada	3,383	0.4
District Columbia	4,235	0.5	New York	73,813	9.4
Florida	41,483	5.0	Ohio	31,875	3.8
Georgia	18,489	2.1	Oklahoma	7,332	1.0
Hawaii ³	3,871	0.5	Oregon	9,447	1.1
Iowa	8,492	1.0	Pennsylvania	50,141	5.9
Idaho	2,451	0.3	Puerto Rico ⁴	6,265	0.9
Illinois	31,869	4.0	Rhode Island	3,340	0.4
Indiana	15,293	1.9	South Carolina	8,444	1.0
Kansas	6,793	0.9	South Dakota	2,173	0.3
Kentucky	9,092	1.2	Tennessee	14,773	2.0
Louisiana	13,156	1.6	Texas	48,958	5.8
Massachusetts	27,476	3.5	Utah	4,879	0.6
Maryland	18,572	2.2	Virginia	16,829	2.0
Maine	4,425	0.5	Vermont	2,116	0.3
Michigan	28,234	3.8	Washington	16,407	1.9
Minnesota	15,367	1.9	Wisconsin	16,074	1.9
Missouri	16,301	2.1	West Virginia	4,708	0.6
			Wyoming	1,238	0.1

¹ Medicare physicians are MD, DO, DDM, DDS, DPM, OD, and CH. ² Total includes unknown. ³ Guam included in Hawaii.

⁴ Virgin Islands included in Puerto Rico.

NOTE: Percent total does not necessarily equal sum of rounded components. Data as of September 1988.

SOURCES: HCFA/OSP/CHHP (Medicare Physician Registry)

August 1998

VIII. FINANCING

Selected reference material including contribution rates, taxable earning ceilings, cost-sharing provisions and Medicaid Federal matching percentages.

HIGHLIGHTS

- o The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.*
- o The Medicare Coinsurance has remained at 20 percent since the beginning of the program. The annual Deductible increased from \$50 beginning July 1966 to \$100 beginning January 1991.*
- o The Medicare inpatient hospital deductible increased from \$40 in 1966 to \$764 in 1998.*
- o The Medicare Part B premiums increased from \$3 per month in 1966 to \$43.80 per month in 1998.*

Financing of Medicare Programs

Source of Income

HI Trust Fund

1. Payroll taxes *
2. Transfers from railroad retirement account
3. General revenue for
 - a. uninsured persons
 - b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments

* Contribution rate

Employees and employers, each	1.45%
Self employed	2.90%

Maximum taxable amount (CY 1998) none ¹

Voluntary HI Premium²

Monthly Premium (1998): \$309

SMI Trust Fund

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

Part B Premium

Monthly Basic Premium (1998): \$43.80

¹ The Omnibus Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.

² Premium paid for voluntary participation of individuals aged 65 and over not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement. A reduced premium of \$170 is available to individuals aged 65 and over who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act.

SOURCE: HCFA/OACT

August 1998

Financing Medicaid Programs Fiscal Year 1998

Federal Contributions	Percent
1. Medical Vendor Payments	50-77
2. Family Planning Services	90
3. Administrative Costs	50
4. Development of Management Information Systems	90
5. Operation of Management Information Systems	75
6. Skilled Nursing Facility Inspectors	75
7. Intermediate Care Facility for the Mentally Retarded Inspectors	
a. Salaries, Fringe Benefits, Travel & Training	75
b. All Other Costs	50
8. Skilled Professional Medical Personnel	75
9. State Medicaid Fraud and Abuse Units	75
10. PRO Performance Review	75
11. Systematic Alien Verification for Entitlements System	100
12. Preadmission Screening and Annual Resident Review	75
13. Indian Health Services	100

¹The ceiling for medical vendor payments for children's medical assistance under Title XIX sections 1905 (u)(2) and 1905 (u)(3) is 85 percent.

²Special transitional enhanced match for certain administrative expenditures attributable to the costs of Medicaid eligibility determinations with the advent of the Temporary Assistance to Needy Families (TANF) program. (Title XIX, section 1931).

SOURCE: HCFA/CMSO

August 1998

Medicare Cost Sharing and Premium Amounts for Hospital Insurance ¹

	Inpatient Hospital			SNF ³	
	Deductible (IHD)	Daily Coinsurance		Daily	Hospital
	Covers first 60 days	61st through 90th days (1/4 x IHD)	LTR ² after 90 days (1/2 x IHD)	Coinsurance after 20 days (1/8 x IHD)	Insurance Monthly Premium ⁴
Beginning in January unless noted					
July 1966	\$40	\$10	(⁵)	(⁵)	--
1970	52	13	26	6.50	--
1980	180	45	90	22.50	78 ⁶
1985	400	100	200	50.00	174 ⁷
1986	492	123	246	61.50	214
1987	520	130	260	65.00	226
1988	540	135	270	67.50	234
1989	560 ⁸	0 ⁸	0 ⁸	25.50 ⁹	156 ¹⁰
1990	592	148	296	74.00	175
1991	628	157	314	78.50	177
1992	652	163	326	81.50	192
1993	676	169	338	84.50	221
1994	696	174	348	87.00	245 ¹¹
1995	716	179	358	89.50	261 ¹¹
1996	736	184	368	92.00	289 ¹¹
1997	760	190	380	95.00	311 ¹¹
1998	764	191	382	95.50	309 ¹¹

¹ Hospital Insurance covers all expenses in "benefit period" except deductible and coinsurances shown below

² LTR is lifetime reserve.

³ SNF is skilled nursing facility.

⁴ Premium paid for voluntary participation of individuals aged 65 and over not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement.

⁵ Benefit not provided.

⁶ Beginning in July for years 1973 through 1982. Set to 33/76 times the IHD, rounded to the nearest dollar, for years 1973 through 1988.

⁷ Beginning in January 1984 and succeeding years.

⁸ The 1989 IHD was applied on an annual basis, rather than a benefit period. Once the deductible was paid by the beneficiary, Medicare paid the balance of expenses for covered hospital expenses for covered hospital services, regardless of the days of hospitalization.

⁹ The beneficiary paid this coinsurance amount for the first 8 days of care in 1989, rather than for days of care 21 to 100 as in the other years shown. SNF benefits were available up to 150 days of care per year in 1989, instead of up to 100 days of care per benefit period as in the other years shown. The coinsurance amount in 1989 was equal to 20 percent of the estimated national average daily cost of covered SNF care, rather than 1/8 of the IHD.

¹⁰ Set at the estimated actuarial value of incurred benefits and administrative expenses for hospital insurance entitled aged beneficiaries, rounded to the nearest dollar, for current and succeeding years.

¹¹ For 1994 and later, a reduced premium, is available to individuals aged 65 and over who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act. For 1998, the reduced premium is \$170.

SOURCE: HCFA/OACT

August 1998

Medicare Cost Sharing and Premium Amounts for Supplementary Medical Insurance

	Annual Deductible	Coinsurance	Monthly Premiums		
			For Enrollee (aged and disabled) ¹	Government Amounts	
				Aged	Disabled
Beginning July unless otherwise noted					
1966	\$50	20%	\$3.00	\$3.00	--
1967	--	--	--	--	--
1970	(²)	(²)	5.30	5.30	--
1975	--	(³)	--	8.30	30.30
1980	--	--	9.60	23.00	41.40
1981	(⁴)(⁵)	(⁵)	11.00	34.20	62.20
1982	75 ⁶	(⁶)	12.20	37.00	72.00
1983	--	--	--	41.80	80.00
1984	--	--	14.60 ⁷	43.80 ⁷	94.00
1985	--	--	15.50	46.50	89.90
1986	--	--	--	--	66.10
1987	--	--	17.90	53.70	88.10
1988	--	--	24.80	74.40	72.40
1989	--	--	31.90	83.70	40.70
1990	--	--	28.60	85.80	59.60
1991	100	--	29.90	95.30	82.10
1992	--	--	--	89.80	129.80
1993	--	--	36.60	104.40	129.20
1994	--	--	41.10	82.50	111.10
1995	--	--	46.10	100.10	165.50
1996	--	--	42.50	127.30	167.70
1997	--	--	43.80	131.40	177.00
1998	--	--	43.80	132.00	154.40

¹ Beginning July 1973 for the disabled.

² Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance, beginning in April 1968.

³ Home health services not subject to coinsurance, beginning July 1972.

⁴ Home health services are not subject to deductible.

⁵ Same as footnote 2, but only when physician accepts assignment.

⁶ Effective October 1, 1982, professional inpatient services of pathologists and radiologists are subject to coinsurance and deductible.

⁷ Beginning in January for current and succeeding years.

SOURCE: HCFA/OACT

August 1998

Medicare Annual Maximum Taxable Earnings and HI Contribution Rates
Calendar Years 1966 - 1998

Calendar Year	Annual Maximum Taxable Earnings	Contribution Rate ¹	
		Employees and employers, each	Self-employed
1966	\$6,600	0.35	0.35
1967	6,600	0.50	0.50
1968	7,800	0.60	0.60
1969	7,800	0.60	0.60
1970	7,800	0.60	0.60
1971	7,800	0.60	0.60
1972	9,000	0.60	0.60
1973	10,800	1.00	1.00
1974	13,200	0.90	0.90
1975	14,100	0.90	0.90
1976	15,300	0.90	0.90
1977	16,500	0.90	0.90
1978	17,700	1.00	1.00
1979	22,900	1.05	1.05
1980	25,900	1.05	1.05
1981	29,700	1.30	1.30
1982	32,400	1.30	1.30
1983	35,700	1.30	1.30
1984	37,800	1.30	2.60
1985	39,600	1.35	2.70
1986	42,000	1.45	2.90
1987	43,800	1.45	2.90
1988	45,000	1.45	2.90
1989	48,000	1.45	2.90
1990	51,300	1.45	2.90
1991	125,000	1.45	2.90
1992	130,200	1.45	2.90
1993	135,000	1.45	2.90
1994	none ²	1.45	2.90
1995	none ²	1.45	2.90
1996	none ²	1.45	2.90
1997	none ²	1.45	2.90
1998	none ²	1.45	2.90
Changes scheduled in present law:			
1999 and later	none ²	1.45	2.90

¹ Percent of taxable earnings.

² The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amount for 1994 and later. For those years, the contribution rate is applied to all earnings in covered employment.

SOURCE: HCFA/OACT

August 1998

Title XIX
Federal Medicaid Assistance Percentages
Fiscal Years 1996 - 1999

	1996	1997	1998	1999		1996	1997	1998	1999
Alabama	69.85	69.54	69.32	69.27	Missouri	60.06	60.04	60.68	60.24
Alaska	50.00	50.00	50.00	59.80	Montana	69.38	69.01	70.56	71.73
Arizona	65.85	65.53	65.33	65.50	Nebraska	59.49	59.13	61.17	61.46
Arkansas	73.61	73.29	72.84	72.96	Nevada	50.00	50.00	50.00	50.00
California	50.00	50.23	51.23	51.55	New Hampshire	50.00	50.00	50.00	50.00
Colorado	52.44	52.32	51.97	50.59	New Jersey	50.00	50.00	50.00	50.00
Connecticut	50.00	50.00	50.00	50.00	New Mexico	72.87	72.66	72.61	72.98
Delaware	50.33	50.00	50.00	50.00	New York	50.00	50.00	50.00	50.00
District of Columbia	50.00	50.00	50.00	70.00	North Carolina	64.59	63.89	63.09	63.07
Florida	55.76	55.79	55.65	55.82	North Dakota	69.06	67.73	70.43	69.94
Georgia	61.90	61.52	60.84	60.47	Ohio	60.17	59.28	58.14	58.26
Hawaii	50.00	50.00	50.00	50.00	Oklahoma	69.89	70.01	70.51	70.84
Idaho	68.78	67.97	69.59	69.85	Oregon	61.01	60.52	61.46	60.55
Illinois	50.00	50.00	50.00	50.00	Pennsylvania	52.93	52.85	53.39	53.77
Indiana	62.57	61.58	61.41	61.01	Rhode Island	53.84	53.90	53.17	54.05
Iowa	64.22	62.94	63.75	63.32	South Carolina	70.77	70.43	70.23	69.85
Kansas	59.04	58.87	59.71	60.05	South Dakota	66.66	64.89	67.75	68.16
Kentucky	70.30	70.09	70.37	70.53	Tennessee	65.64	64.58	63.36	63.09
Louisiana*	71.89	71.36	70.03	70.37	Texas	62.30	62.56	62.28	62.45
Maine	63.32	63.72	66.04	66.40	Utah	73.21	72.33	72.58	71.78
Maryland	50.00	50.00	50.00	50.00	Vermont	60.87	61.05	62.18	61.97
Massachusetts	50.00	50.00	50.00	50.00	Virginia	51.37	51.45	51.49	51.60
Michigan	56.77	55.20	53.58	52.72	Washington	50.19	50.52	52.15	52.50
Minnesota	53.93	53.60	52.14	51.50	West Virginia	73.26	72.60	73.67	74.47
Mississippi	78.07	77.22	77.09	76.78	Wisconsin	59.67	59.00	58.84	58.85
					Wyoming	59.69	59.88	63.02	64.08
					Territories ¹	50.00	50.00	50.00	50.00

¹ Includes American Samoa, Guam, N. Mariana Islands, Puerto Rico and Virgin Islands. Subject to Federal CAP.

* Pursuant to Section 519 of The Omnibus Consolidated Recissions and Appropriations Act of 1996 (P.L. 104-134), and subject to Federal CAP, Louisiana may receive alternative Federal matching rates of 84.28% for the nine-month period October 1995 through June 1996, and 81.46% for July 1996 through June 1997.

NOTES: The Consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272) requires an annual calculation of the Federal medical assistance percentages, effective for fiscal year 1987 and thereafter.

SOURCE: HCFA/CMMSO

August 1998

State Medicaid Program Changes

1996¹

ALABAMA Added:	(covers CN only) Prosthetic Devices Inpatient Hospital Services for Age 65 or Older in IMDs Transportation Services	MISSOURI Deleted:	(Covers CN only) NF Services for Age 65 or Older in IMDs
Deleted:	Diagnostic Services Screening Services Preventive Services Case Management Services Hospice Care Services	NEBRASKA Added:	Rehabilitative Services for CN and MN Case Management Services for MN (Covers CN only) Psychologists' Services Physical Therapy Services for CN and MN Occupational Therapy Services for CN and MN Speech, Hearing and Language Disorder Services for CN and MN
CONNECTICUT Added:	Emergency Hospital Services for CN and MN Christian Science Sanatorium Services	NEVADA Added:	Physical Therapy Services for CN and MN Occupational Therapy Services for CN and MN Speech, Hearing and Language Disorder Services for CN and MN
Delete:	(Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: January 1, 1996)	NEW HAMPSHIRE Deleted:	Prosthetic devices for CN and MN NF Services for Age 65 or Older in IMDs for CN and MN Respiratory Care Services
DELAWARE Added:	TB-related Services for CN and MN	NORTH CAROLINA Added:	Physical Therapy Services for CN and MN Occupational Therapy Services for CN and MN Speech, Hearing and Language Disorder Services for CN and MN Prosthetic devices for CN and MN NF Services for Age 65 or Older in IMDs for CN and MN Respiratory Care Services
DISTRICT OF COLUMBIA Added:	Private Duty Nursing Services Physical Therapy Occupational Therapy Speech, Hearing, and Language Disorders Personal Care Services Respiratory Care Services TB-related Services	Deleted:	Respiratory Care Services for CN and MN (Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: July 1, 1996) (Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: April 1, 1996) (Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: February 1, 1996)
FLORIDA Deleted:	Psychologists' Services for CN and MN Nurse Anesthetists' Services for CN and MN ICF/MR Services for MN Case Management Services for MN TB-related services (Covers CN only) NF Services for Age 65 and Older in IMDs (Covers CN only) NF Services for Age 65 and Older in IMDs	OHIO Added:	Hospice Care Services Chiropractors' Services Private Duty Nursing Services (covers CN Only) Nurse Anesthetists' Services Speech, Hearing and Language Disorders (covers CN Only) Psychologists' Services Preventive Services Case Management Services
GEORGIA Added:	NF Services for Age 65 or Older in IMDs for CN only Personal Care Services for CN and MN Hospice care Services	OKLAHOMA Deleted:	Respiratory Care Services for CN and MN (Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: July 1, 1996) (Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: April 1, 1996) (Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: February 1, 1996)
Deleted:		OREGON Added:	Respiratory Care Services for CN and MN (Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: July 1, 1996) (Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: April 1, 1996) (Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: February 1, 1996)
IDAHO Deleted:		Deleted:	Hospice Care Services Chiropractors' Services Private Duty Nursing Services (covers CN Only) Nurse Anesthetists' Services Speech, Hearing and Language Disorders (covers CN Only) Psychologists' Services Preventive Services Case Management Services
INDIANA Deleted:		SOUTH CAROLINA Added:	Respiratory Care Services for CN and MN (Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: July 1, 1996) (Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: April 1, 1996) (Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: February 1, 1996)
IOWA Added:		Deleted:	Hospice Care Services Chiropractors' Services Private Duty Nursing Services (covers CN Only) Nurse Anesthetists' Services Speech, Hearing and Language Disorders (covers CN Only) Psychologists' Services Preventive Services Case Management Services
Deleted:		SOUTH DAKOTA Added:	Respiratory Care Services for CN and MN (Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: July 1, 1996) (Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: April 1, 1996) (Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: February 1, 1996)

State Medicaid Program Changes

1996¹

KENTUCKY		TENNESSEE	
Added:	Nurse Anesthetists' Services for CN and MN	Added:	(Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: January 1, 1996)
	Respiratory Care Services for CN and MN		Chiropractors' Services
	Personal Care Services for CN and MN		Psychologists' Services
Deleted:	Private Duty Nursing Services		Medical Social Workers' Services
	Christian Science Sanatorium Services		Nurse Anesthetists' Services
LOUISIANA			Eyeglasses
Added:	Nurse Anesthetists' Services for MN		Diagnostic Services
Deleted:	Dental Services		Screening Services
MICHIGAN			Preventive Services
Added:	Physical Therapy	UTAH	
	Occupational Therapy	Added:	Psychologists' Services for CN and MN
	Speech, Hearing, and Language Disorders	Deleted:	Nurse Anesthetists' Services
MINNESOTA	(Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: July 1, 1995)	VERMONT	(Operates Program as a Statewide Section 1115 Demonstration, Implementation Date: January 1, 1996)
Added:	Medical Social Worker's Services	Deleted:	
Deleted:	Respiratory Care Services	VIRGINIA	
MISSISSIPPI	(Covers CN Only)	Deleted:	Eyeglasses
Added:	Nurse Anesthetists' Services		Dental Services
	Christian Science Nurses Services	WASHINGTON	
Deleted:	Optometrists' Services	Added:	Psychologists' Services for MN
	Private Duty Nursing Services		Private Duty Nursing Services for MN
		WEST VIRGINIA	
		Added:	Rehabilitative Services for CN and MN
		Deleted:	ICF/MR Services for MN
			Inpatient Psychiatric Services for Under Age 21 for MN

¹ As of 10/1/96

NOTES: Categorically Needy (CN) are individuals receiving federally-supported financial assistance. Medically Needy (MN) are individuals who are eligible for medical but not for financial assistance. IMDs - Institutions for Mental Diseases. ICF/MR - Intermediate Care Facilities for the Mentally Retarded. NF - Nursing Facilities. States may choose either to determine the categorical Medicaid eligibility of their aged, blind, and disabled residents, or have the Social Security Administration (SSA) make these determinations for them. As of 10/1/96

SOURCES: HCFA/OL/CMSO

August 1998

**Geographical Jurisdictions of HCFA Regional Office
and Federal Medical Assistance Percentages
Fiscal Year 1999**

Region	FMAP	Region	FMAP
I. Boston		II. New York	
Connecticut	50	New Jersey	50
Maine	66	New York	50
Massachusetts	50	Puerto Rico*	50
New Hampshire	50	Virgin Islands*	50
Rhode Island	54		
Vermont	62		
		IV. Atlanta	
III. Philadelphia		Alabama	69
Delaware	50	Florida	56
District of Columbia	70	Georgia	60
Maryland	50	Kentucky	71
Pennsylvania	54	Mississippi	77
Virginia	52	North Carolina	63
West Virginia	74	South Carolina	70
		Tennessee	63
V. Chicago		VI. Dallas	
Illinois	50	Arkansas	73
Indiana	61	Louisiana	70
Michigan	53	New Mexico	73
Minnesota	52	Oklahoma	71
Ohio	58	Texas	62
Wisconsin	59		
VII. Kansas City		VIII. Denver	
Iowa	63	Colorado	51
Kansas	60	Montana	72
Missouri	60	North Dakota	70
Nebraska	61	South Dakota	68
		Utah	72
IX. San Francisco		Wyoming	64
Arizona	66	X. Seattle	
California	52	Alaska	60
Hawaii	50	Idaho	70
Nevada	50	Oregon	61
American Samoa*	50	Washington	53
Guam*	50		
N. Mariana Islands*	50		

¹ Based on the Federal CAP.

SOURCE: HCFA/MB

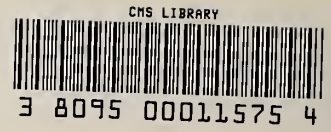
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Glossary of Acronyms for Data Source Attribution

HCFA	Health Care Financing Administration
OIS	Office of Information Services
OFM	Office of Financial Management
OSP	Office of Strategic Planning
HCIS	HCFA Customer Information System
CHPP	Center for Health Plans and Providers
OACT	Office of the Actuary
CBS	Center for Beneficiary Services
OCOS	Office of Communications and Operations Support
CMSO	Center for Medicaid and State Operations
OL	Office of Legislation
OCSQ	Office of Clinical Standards and Quality
OCIS	Office of Internal Customer Support
HRSA	Health Resource and Statistics Administration
SSA	Social Security Administration
OACT	Office of the Actuary
ORS	Office of Research and Statistics

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